

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155157	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  09/06/2016
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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-RICHMOND	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374
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F 0000  Bldg. 00	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>This visit included the Investigation of Complaint IN00198861 and Complaint IN00203386.</p> <p>Complaint IN00198861 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00203386 - Substantiated. Federal/State deficiencies related to the allegations are cited at F309</p> <p>Survey dates: August 30, 31, September 1, 2, and 6, 2016</p> <p>Facility number: 000077 Provider number: 155157 AIM number: 100266490</p> <p>Census bed type: SNF/NF: 64 Total: 64</p> <p>Census payor type: Medicare: 3 Medicaid: 60 Other: 1 Total: 64</p>	F 0000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable State and Federal regulatory requirements. Golden Living Center Richmond respectfully requests a paper compliance desk review.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0242 SS=D Bldg. 00	<p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 30576 on September 14, 2016</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on interview and record review, the facility failed to provide showers according to a resident's preference/choice for 1 of 3 residents reviewed for choices, of 4 who met the criteria for choices. (Resident #J)  Findings include:  Resident #J's record was reviewed on 9/1/16 at 3:15 p.m. Resident #J's</p>	F 0242	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident J's shower preferences have been verified and the C.N.A. assignment sheet has been updated to reflect the preference. How other resident's having the potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken: The Living Center realizes that all</p>	09/30/2016

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	<p>quarterly Minimum Data Set (MDS) assessment dated 6/16/16, indicated she was usually understood and usually had the ability to understand others. She was moderately impaired in her cognitive daily decision making skills. She required supervision of 1 person for transfer and personal hygiene. She required extensive assistance of 1 person for dressing. She required supervision with set-up help only to walk in her room. She utilized a walker for ambulation and no impairment in her range of motion. She was occasionally incontinent of urine. She had pain almost constantly and received scheduled pain medication.</p> <p>Resident #J's diagnoses documented on her August 2016 physician's recapitulation orders included but were not limited to, heart failure, chronic obstructive pulmonary disease with acute exacerbation, lumbar region disc degeneration, chronic pain, anxiety disorder, depressive disorder, and mild cognitive impairment.</p> <p>Resident #J's "Resident Preference Questionnaire" with no date or time, had documented under "Bath Preferences" she preferred a shower on day shift, she preferred a shower on evening shift, she did not prefer more than 2 showers a</p>		<p>residents have the potential to be affected by the alleged deficient practice. All residents have had their shower/bathing preferences sheets updated and the CNA assignment sheets have been updated to reflect the stated preferences. Nursing staff have been re-educated regarding honoring shower preferences. The Living Center realizes that shower/bathing preferences may change over time or that resident's have the right to exercise choice and decline the offer of a shower/bath. Nursing staff have been instructed to document any changes in the preferences or the declination of such.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Director of Nursing Services or her designee will conduct a review of the "Bathing Type Detail Report" by use of an Audit tool five (5) times weekly for the next thirty (30) days; then, three (3) times weekly for the following sixty (60) days; then, weekly for the following ninety (90) days.</p> <p>How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place: All Audits will be forwarded to the Quality Assurance Process Improvement Committee monthly for the next six (6) months for</p>	

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	<p>week, and she did not prefer only bed baths with no showers. Documented under "Comments" stated "full showers, want showers in the evening now, to see if it helps me sleep better."</p> <p>Resident #J's "Bathing Type Detail Report" documentation indicated she had not received her scheduled showers on 7/1/16, 7/29/16, 8/2/16, 8/5/16, 8/23/16, 8/26/16, and 8/30/16.</p> <p>An interview with Resident #J on 8/30/16 at 4:25 p.m., indicated she did not choose how many times a week she took a bath or a shower. "No, I normally don't get more than 1 shower a week. I have to ask for my shower all the time." At the time of the interview Resident #J's sister was visiting and she stated "this is true." Resident #J may have been getting 1 shower a week "if that." Resident #J's sister had spoken with facility staff several times about the shower situation but it hadn't seemed to have gotten any better. The facility had changed Resident #J's showers to evening shift but it hadn't improved.</p> <p>An interview with Resident #J on 8/31/16 at 9:49 a.m., indicated she hadn't received her shower "yesterday." She hardly ever got a shower and had to go dirty all the time. She had no idea why staff wouldn't</p>		further review and recommendations as needed.	

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F 0309 SS=D Bldg. 00	<p>give her a shower. Her shower days were Tuesday and Friday.</p> <p>An interview with Unit Manager #1 on 9/2/16 at 1:45 p.m., indicated Resident #J's scheduled shower days were Tuesday and Friday on evening shift. No showers were documented for Resident #J on 8/23/16, 8/26/16, and 8/30/16.</p> <p>CNA #2 provided a copy of her CNA Assignment Sheet for care specific to residents during an interview on 9/6/16 at 9:12 a.m. Resident #J was listed on the CNA Assignment Sheet for showers on Tuesday and Friday evening shift. That was how CNA #2 and other staff knew when residents scheduled shower days were. The resident's shower schedules were also documented on another paper at the nurses station.</p> <p>3.1-3(u)(1) 3.1-3(u)(3)</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and</p>			
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	<p>psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Based on interview and record review, the facility failed to ensure a resident received weekly skin assessments ordered by his physician for 1 of 1 residents reviewed for pressure ulcers. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B's record was reviewed on 9/2/16 at 10:49 a.m. His diagnoses documented on his physician's recapitulation orders for June 2016, included but were not limited to, hypertension, diabetes mellitus with diabetes neuropathy, neuromuscular dysfunction of the bladder, urinary tract infection (UTI), and other skin changes.</p> <p>A "Progress Note" for Resident #B dated 5/18/16 at 6:15 p.m., indicated he was admitted to the facility from a local hospital with diagnoses including sepsis related to a UTI, pneumonia, insulin dependent diabetes, congestive heart failure, and an old right below the knee amputation. He had "no noted skin issues."</p> <p>A physician's order documented on Resident #B's June 2016 physician's</p>	F 0309	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: Resident "B" no longer resides in the Living Center. How other resident's having the potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken: The Living Center realizes that all residents have the potential to be affected by the alleged deficient practice. All residents have been audited for a weekly skin assessment; any resident identified to not have a current skin assessment has had one completed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: The Director of Nursing Services or her designee will conduct a review of the Skin Assessments daily at the start up meetings by use of an Audit tool five (5) times weekly for the next thirty (30) days; then, three (3) times weekly for the following sixty (60) days; then, weekly for the following ninety (90) days.</p> <p>How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance</p>	09/30/2016	

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	<p>order initiated 5/18/16, indicated he would receive a weekly skin review during evening shift on Wednesdays.</p> <p>Resident #B's admission Minimum Data Set (MDS) assessment dated 5/25/16, indicated he was usually understood and usually understood others. He was moderately impaired for his cognitive daily decision making skills. He required extensive assistance of 2 persons for bed mobility, transfer, dressing, and toileting. He required extensive assistance of 1 person for personal hygiene. He had range of motion impairment in both of his lower extremities. He hadn't walked and utilized a wheelchair for mobility. He wore a limb prosthesis. He had pain almost constantly.</p> <p>A plan of care for Resident #B initiated 5/31/16, indicated he was at risk for pressure ulcers due to a diagnosis of diabetes, and required assistance with bed mobility. His goal would be for his skin to remain intact through his next review.</p> <p>The documentation indicated no weekly skin assessments were completed for Resident #B on Wednesday 5/25/16 or Wednesday 6/1/16.</p> <p>A "Progress Note" for Resident #B dated 6/6/16 at 6:45 a.m., indicated a new order</p>		<p>program will be put into place: All Audits will be forwarded to the Quality Assurance Process Improvement Committee monthly for the next six (6) months for further review and recommendations as needed.</p>	

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	<p>had been received to send Resident #B to the emergency room due to lethargy.</p> <p>The documentation indicated Resident #B had not returned to the facility.</p> <p>An interview with the Director of Nursing Services (DNS) on 9/6/16 at 5:10 p.m., indicated no documentation was available Resident #B received his ordered weekly skin assessments on Wednesdays.</p> <p>A "Weekly Skin Review" procedure provided by the DNS on 9/6/16 at 5:23 p.m., included the following: "Policy Statement: A Weekly Skin Review UDA (User Defined Assessments) will be completed weekly on all residents and patients to check for any new skin issues not previously identified. UDAs for new admissions will be auto scheduled at the time of admission for completion within 24 hours via PCC. ...Steps for Completion: Prior to initiating the Weekly Skin Review UDA, the licensed nurse will review the previous week's UDA for any changes. The licensed nurse will complete a head to toe skin review. The "Skin Intact" box is checked only when there are no skin alterations identified. When "Skin Intact" is chosen all other options will be grayed out (excluding the Additional Comments</p>			

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F 0329 SS=D	<p>box). If an alteration is identified-Dryness, Rash, Redness, Skin Tear, Blisters or Other-the nurse is to indicate the site(s) in the drop down boxes, utilizing the anatomically numbered indicators on the figures provided, describing the type of alteration and location. If a skin alteration is identified the licensed nurse is to initiate/update the Wound Evaluation Flow UDA, one UDA for each area identified. MD/NP are to be notified of any skin alterations, as well as the resident/patient, and his/her responsible party. Care plans are to be updated with new interventions, and CNA care sheets updated as indicated. Any "note" sheets utilized to gather information for the skin review will be shredded once medical information has been fully entered into the UDA."</p> <p>This federal tag relates to Complaint IN00203386.</p> <p>3.1-37(a)</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM</p>			

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Bldg. 00	<p><b>UNNECESSARY DRUGS</b></p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, record review, and interview the facility failed to have adequate indications for the use of an antipsychotic medication for 1 of 6 residents reviewed for unnecessary drug use.</p> <p>Findings include:</p> <p>Observation of Resident #87 on 8/30/16 at 1:40 p.m., indicated, the resident was in his room sitting in his wheelchair, looking out his window.</p>	F 0329	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: An appropriate diagnosis to support the use of an antipsychotic was obtained for resident # 87.</p> <p>How other resident's having the potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken: The Living Center realizes that all residents have the potential to be affect by the alleged deficient practice. All residents with</p>	09/30/2016

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	<p>On 9/2/16, at 1:00 p.m., Resident #87's record was reviewed and indicated his diagnoses included but were not limited to, cerebrovascular disease, unspecified dementia with behavioral disturbance, enlarged prostate with lower urinary tract symptoms, asphasia, unspecified chronic kidney disease, stage 3 (moderate), chronic ischemic heart disease, and unspecified heart failure.</p> <p>Minimum Data Set, quarterly, dated 5/10/16, indicated Resident #87's Brief Interview for Mental Status: unable to assess. Behavioral Symptoms: no behaviors were exhibited.</p> <p>Minimum Data Set, significant change, dated 8/1/16, indicated Resident #87's Brief Interview for Mental Status: unable to assess. Behavioral Symptoms: verbal behavioral symptoms directed toward others (e.g. threatening others, screaming at others, cursing at others).</p> <p>Review of Physician's recapulation orders dated September 2016, indicated Zyprexa 2.5mg one time a day, was started on 12/23/15. Diagnosis: unspecified dementia with behavioral disturbance. Zyprexa 5mg at bedtime, was started on 5/20/16. Diagnosis: unspecified dementia with behavioral disturbance.</p>		<p>antipsychotic drug therapies have been reviewed to ensure there is an appropriate diagnosis to support its use. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Nursing staff were re-educated on the "Antipsychotic Medication Review Policy and Procedure". The DNS or her designee will review all of the orders from the previous day to ensure any residents placed on antipsychotic drug therapy has an appropriate diagnosis to support its use. The Director of Nursing Services or her designee will conduct these reviews by use of an Audit tool five (5) times weekly for the next thirty (30) days; then, three (3) times weekly for the following sixty (60) days; then, weekly for the following ninety (90) days. In addition, monthly reviews to be conducted of the residents receiving antipsychotic drug therapy to ensure that all residents have an appropriate diagnosis to support its use and that behavioral interventions are identified on the Plans of Care and that gradual dose reductions have been attempted and/or are being attempted unless contraindicated as determined by the physician. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance</p>				

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	<p>Observation on 9/2/16, at 12:45 p.m. of Resident #87 in the hallway propelling himself in his wheelchair, with his feet. Resident was alert and smiling.</p> <p>Review of Resident #87's Behavior Detail Report dated 7/13/16 at 11:28 a.m., indicated "rejection of care", the next behavior was on 7/30/16 at 7:44 a.m., "screamed at staff."</p> <p>Behavior Detail Report dated 8/21/16 at 12:23 p.m., indicated "screamed at others, disruptive sounds or excessive noise." 8/29/16 at 8:51 p.m., "rejected other ADL assistance (dressing, personal hygiene)." On 9/2/16 at 9:12 p.m., "physical behavior towards others, hit staff," 9/3/16 at 8:05 a.m., "rejected help with eating."</p> <p>Interview on 9/6/16 at 3:10 p.m., with RN #1 indicated " I see the diagnosis is not appropriate, I will call the Physician."</p> <p>Care plan in place for anti-psychotic medication with appropriate focus, goals and interventions.</p> <p>Review of a document titled "Antipsychotic Medication Review" provided by the Director of Nursing Services on 9/6/16 at 4:13 p.m., indicated "Procedure: To ensure that the Medical Record of any resident who receives</p>		<p>program will be put into place: All audits will be forwarded to the monthly Quality Assurance Process Improvement Committee for the next six (6) months for further review and recommendations as needed.</p>	

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	<p>antipsychotic medications primarily used to manage psychosis (including delusions, hallucinations, or disordered thought), particularly in schizophrenia and bipolar disorder and are also used in the management of rare non-psychotic disorders such as Huntington's disease... Review physician's orders for a complete order that includes: Medication name, Dose; Frequency; Appropriate Diagnosis; Schizophrenia Schizoaffective Disorder Delusional Disorder Mood Disorders (e.g. bipolar disorder, severe depression refractory to other therapies and / or with psychotic features) Psychosis in absence of dementia Medical illnesses with psychotic symptoms (e.g. neoplastic disease or delirium) and / or treatment related psychosis or mania (e.g. high dose steroids) Schizophreniform Disorder Atypical Psychosis Tourette's Syndrome Huntington's Disease; or Nausea and vomited associated with cancer or chemotherapy Hiccups (not induced by other medications)</p> <p>3.1- (a)(2)(4)(6)</p>			

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NAME OF PROVIDER OR SUPPLIER  GOLDEN LIVING CENTER-RICHMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 1042 OAK DR RICHMOND, IN 47374			
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F 0412 SS=D Bldg. 00	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist.</p> <p>Based on observation, interview and record review, the facility failed to obtain timely dental services for one resident who wanted dentures (Resident #76), and for one resident who did not have properly fitting dentures (Resident #97). This affected 2 of 3 residents who met the criteria for dental status.</p> <p>Findings include:</p> <p>1. On 8/30/16 at 12:07 p.m., Resident #76 indicated he has problems with his teeth and gums and would like to have dentures. He said the dentist said he couldn't have them and the dentist only put his finger in his mouth and felt</p>	F 0412	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the alleged deficient practice: An appointment with an oral surgeon has been made for resident # 76 to obtain a second opinion on his candidacy status to have oral surgery performed to remove his existing teeth and have dentures made for him. Resident # 97 will be seen by the dentist to have dental impressions taken for the dentures to be made. How other resident's having the potential to be affected by the alleged deficient practice will be identified and what corrective action(s) will be taken: The Living Center realizes that all residents have the potential to be affected by the alleged deficient</p>	09/30/2016			

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	<p>around. Resident #76 said he does still have a couple of broken teeth in the bottom, has no upper teeth, and staff aren't resolving this; no staff has said anything.</p> <p>Resident #76's record was reviewed on 9/01/2016 at 3:13 p.m. The record indicated Resident #76 had diagnoses that included, but were not limited to: low back pain, high blood fats, cellulitis of the left lower limb, liver disease, depression, diabetes mellitus, high blood pressure, heart disease, asthma, and gastro esophageal reflux disease.</p> <p>A physician's order, dated 2/20/16, indicated an order for "may see podiatrist, dentist, audiologist, ophthalmologist."</p> <p>A [Dental services] oral assessment, dated 12/23/15, indicated Resident #76 does not wear dentures, he had 2 root tips in the mandibular (lower jaw), he has no existing dentures, he is interested in information about dentures, he is a candidate for dentures, and he has natural teeth without dentures.</p> <p>A Significant Change Minimum Data Set assessment (MDS), dated 8/9/16, indicated Resident #76 was cognitively intact, had no natural teeth or tooth fragments (edentulous), and had no</p>		<p>practice. All residents charts have been audited for dental assessments and assurance that recommendations have been acted upon timely.</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur: Nursing staff were re-educated on the expectations regarding the timely provision of dental services. The Director of Nursing Services or her designee will conduct a review of the Dental Services at the daily start-up meetings to ensure that any emergent dental needs are addressed and that the dental services group has been notified for immediate remediation by use of an Audit tool five (5) times weekly for the next thirty (30) days; then, three (3) times weekly for the following sixty (60) days; then, weekly for the following ninety (90) days. How the corrective action(s) will be monitored to ensure the alleged deficient practice will not recur, i.e., what quality assurance program will be put into place: All audits will be forwarded monthly for the next six (6) months to the Quality Assurance Process Improvement Committee for further review and recommendations.</p>		

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	<p>difficulty chewing.</p> <p>A "Clinical Health Status", dated 8/9/16, indicated the condition of Resident #76's teeth/oral cavity was that his gum margins were intact.</p> <p>A care plan, initiated on 12/2/15, and last reviewed on 8/16/16, indicated: "At risk for dental problems related to edentulism. Goal: Will be free of complications related to dental/oral issues through next review period. Interventions: Assistance with oral care as needed. Educate resident on risk/benefits of refusal of oral care and/or dentures. Inspect oral cavity for bleeding of gums or other issues. Medication and/or treatment as ordered. Refer for dental services as needed."</p> <p>On 9/06/2016 at 10:45 a.m., Resident #76 said when the dentist came in the last time, he rubbed his finger in the resident's mouth and and said he couldn't have dentures. He said he hasn't heard anything about dentures, and no one has given him any information about dentures. The resident was seated on his bed, and had no teeth or dentures.</p> <p>There was no assessment in the resident's record for that dental visit.</p> <p>On 9/06/2016 at 2:02 p.m., the Social</p>						

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	<p>Service Director (SSD) indicated said she couldn't find an assessment for the two days the dentist was in last. On 7/28/16 the dentist did a full building assessment on all residents who were to see the dentist. The regular visits were on 7/21/16 and 8/18/16, and the SSD did not see where they had seen Resident #76. The SSD said the dental services get "strung out", because if he doesn't come with the supplies he needs, he has to return and give the services on the next visit. If he can't do something, for example pull a tooth, he sends them to an oral surgeon.</p> <p>On 9/06/2016 at 1:48 p.m., the Social Service Director (SSD) said this has been followed up on, that the Dental service comes in and signs people up for dentures, that the Dental service will call him and set up the services. They are working on getting him signed up for the Dental services and then he can get dentures. He has already seen the dentist and been started on the sign up process, so it should take less time because he won't have to be signed up. The dentist comes in and does an assessment, then 6 weeks later comes in and does an impression, then comes in 6 weeks later and fits the dentures, then comes in 6 weeks later for a follow up. She said he comes in with limited supplies, and</p>			

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	<p>sometimes has to come back.</p> <p>On 9/6/16 at 2:22 p.m., the SSD said she phoned the Dental services to find out if Resident #76 was signed up for the program for dentures, and was told they were still waiting for her approval and it could take 3 months to sign residents up for this.</p> <p>2. On 8/31/2016 at 9:27 a.m., Resident #97 said she doesn't wear her dentures because they hurt her mouth; she puts them in towards the end of the day and they still hurt. She said they have been hurting for over a year, she has told staff, and a dentist came in a while ago who said he would be back to fit her dentures. She said she has told staff but nothing has been done yet. Resident #97 was observed to not have any teeth.</p> <p>Resident #97's record was reviewed on 9/01/2016 at 10:38 a.m. The record indicated Resident #97 had diagnoses that included, but were not limited to, anxiety, anemia in chronic kidney disease, diabetes mellitus, periodontal disease, elevated blood pressure reading without diagnosis of hypertension, high blood fats, constipation, chronic pain, and seizures.</p> <p>A physician's order, dated 3/29/16,</p>			

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	<p>indicated an order for "may see podiatrist, dentist, audiologist, ophthalmologist."</p> <p>No oral assessments from the Dental services was in the resident's record.</p> <p>On 9/01/2016 at 3:00 p.m., Resident #97 was observed in bed eating a snack and watching TV. Her dentures were in a cup on her bathroom sink.</p> <p>An "Oral Assessment" dated 7/21/16, indicated Resident #97 had all her teeth missing, and had dentures only, she does not wear her existing dentures, is interested in information about dentures and she is a candidate for dentures.</p> <p>A Significant Change Minimum Data assessment, dated 4/6/16, indicated Resident #97 was moderately impaired in cognitive skills for daily decision making and had no natural teeth or tooth fragments.</p> <p>A Significant Change Minimum Data assessment, dated 7/16/16, indicated Resident #97 was cognitively intact and had no natural teeth or tooth fragments.</p> <p>A care plan dated 3/7/16, and last revised on 7/25/16, indicated: "At risk for dental problems related to: Some or all natural teeth loss. Goal: Will be free of</p>			

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	<p>complications related to dental/oral issues through next review period.</p> <p>Interventions: Assistance with oral care as needed. Educate resident on risk /benefits of refusal of oral care and/or dentures. Inspect oral cavity for bleeding of gums or other issues. Medication and/or treatment as ordered. Refer for dental services as needed."</p> <p>On 9/06/2016 at 10:35 a.m. Resident #97 was observed not wearing her dentures. Her dentures were in a cup on the bathroom sink. She said she wants new dentures that don't hurt when she wears them.</p> <p>During an interview, on 9/6/16 at 2:07 p.m., the Social Service Director (SSD) said she is "pretty sure they have done her impressions" (for new dentures) and the resident has had no follow up since the impression was done. The SSD did not provide any documentation for the dental visit.</p> <p>On 9/6/16 at 2:22 p.m., the SSD said she phoned the Dental services to find out if Resident #97 was signed up for the program for dentures, and was told they were still waiting for her approval and it could take 3 months to sign residents up for this.</p>			

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	<p>On 9/6/16 at 2:05 p.m., the Director of Health services indicated they did not have a policy for dental services.</p> <p>A "Health Care Services Agreement" was provided by the Administrator on 9/6/16 at 5:08 p.m. The agreement indicated, but was not limited to, "Professional Services and Compensation: 1. Dental services. Contractor shall provide, on a non-exclusive basis, routine and emergency dental and hygiene services to Facility residents, including without limitation: a. Direct dental services at the request of the resident or resident's family or guardian, including periodic oral exams and cleaning, tooth repair and denture services; b. Consultative dental health services upon request of the Medical Director of the Facility, attending physicians and other appropriate staff; c. On-call emergency services on a twenty-four (24) hour basis; and d. Recommendations and referrals to appropriate professionals, if necessary for secondary care...."</p> <p>3.1-24(a)(1) 3.1-24(a)(3)</p>				

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/03/2016

FORM APPROVED

OMB NO. 0938-0391

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