

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  12/02/2021
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NAME OF PROVIDER OR SUPPLIER  ALLISON POINTE HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5226 E 82ND ST INDIANAPOLIS, IN 46250
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F 0000  Bldg. 00	<p>This visit was for the Investigation of Complaints IN00367797, IN00367300 and IN00367198.</p> <p>Complaint IN00367797 - Substantiated. Federal/state deficiencies related to the allegations are cited at F609 .</p> <p>Complaint IN00367300 - Substantiated. Federal/state deficiencies related to the allegations are cited at F580, F692 and F791.</p> <p>Complaint IN00367198 - Substantiated. Federal/state deficiencies related to the allegations are cited at F692.</p> <p>Survey dates: November 29, 30, December 1, and 2, 2021</p> <p>Facility number: 000172 Provider number: 155272 AIM number: 100267130</p> <p>Census Bed Type: SNF/NF: 129 Total: 129</p> <p>Census Payor Type: Medicare: 8 Medicaid: 94 Other: 27 Total: 129</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on December 10, 2021</p>	F 0000	<p>Preparation execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts or alleged or conclusions set forth on the State of Deficiencies. The plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The plan of correction is submitted in order to respond to the allegation of non-compliance cited during survey on October 28th 2021. Please accept this plan of correction as the provider's credible allegation of compliance. The facility would like to request a desk review for this survey.</p>	
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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 0580 SS=D Bldg. 00	<p>483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)</p> <p>§483.10(g)(14) Notification of Changes.</p> <p>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p>						

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	<p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>Based on interview and record review, the facility failed to notify a resident's representative of a resident's new skin condition and treatment for 1 of 3 residents reviewed for wounds. (Resident C)</p> <p>Findings include:</p> <p>The clinical record for Resident C was reviewed on 11/30/21 at 12:18 p.m. The diagnosis included, but was not limited to, Parkinson's Disease.</p> <p>A 4/19/21 Admissions MDS (Material Data Set) Assessment indicated Resident C was cognitively intact. The resident indicated on the assessment it was "very important" to her that her family/representative was involved in her care.</p> <p>A medical provider progress note dated 10/12/21 indicated "...Today during routine wounds (sic) rounds she [Resident C] was found to have numerous blisters both intact and non-intact that were not present during wound rounds on Friday 10/8 [10/8/21] and were not present during</p>	F 0580	<p><b>1. Resident C was not harmed by the deficient practice. Resident C no longer resides at the facility.</b></p> <p><b>2. All residents with a new skin condition and treatment orders have the potential to be affected. An audit was completed on all residents triggering for a new skin condition and treatment orders to ensure family notification was completed and documented. Any deficiencies were corrected, and documentation was updated.</b></p> <p><b>3. All licensed staff were educated on facility's policy "Notification for Changes in Condition" and on notification to families for new skin conditions and treatment orders.</b></p>	01/05/2022

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	<p>routine ADLs (Activities of Daily Living) on Monday 10/11 [10/11/21]. It resembles bulbous pemphigoid [a skin condition that causes large fluid filled blisters] and it is affecting her back, legs, feet, sacrum, buttocks and thighs...Suspicious lesions - new and numerous on back, legs, buttocks, sacrum, feet...Start Prednisone..."</p> <p>A physician order dated 10/13/21 indicated Resident C was to receive 10 milligrams of Prednisone daily for 21 days.</p> <p>A wound consultant note for Resident C dated 10/26/21 indicated "...Wound plan of care: Scattered wounds on right hip, right ankle, right lateral knee are similar presentation. Starts as serous [thin watery fluid] blistering and then erupts. Could possibly be bullous pemphigoid, autoimmune response, vasculitis [inflammation of the blood vessels]. Could consider dermatology referral for assessment/workup..."</p> <p>Resident C's clinical record did not include documentation Resident C's Representative was notified of the resident's skin condition and/or treatment.</p> <p>During a confidential interview, she indicated the staff did not keep Resident C's Representative informed of the resident's condition. The resident's representative had received education by the Emergency Room (ER) staff about the resident's skin condition due to her concerns.</p> <p>Hospital Records dated 10/26/21 indicated Resident C's Representative had concerns with the appearance of Resident C's skin.</p> <p>An interview was conducted with the Director of</p>		<p><b>4. The DON or clinical designee will audit the 24 hour/72 hour report and order recap report for any new skin conditions and treatment orders and family notification 5 days per week times 30 days, then 3 days per week times 2 months and weekly 3 months thereafter. This is an ongoing facility practice. The DON or clinical designee will bring the results of the audits to the monthly QAPI meeting. The results of the audit will be reported, reviewed and trended for a minimum of 6 months, them randomly thereafter for further recommendations.</b></p>	

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F 0609 SS=D Bldg. 00	<p>Nursing on 12/2/21 at 4:50 p.m. She indicated she was unable to provide documentation Resident C's representative was notified of resident's skin condition, and the start of a steroid treatment.</p> <p>This Federal tag relates to Complaint IN00367300.</p> <p>3.1-5(a)(3)</p> <p>483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within</p>				

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	<p>5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to immediately report an allegation of abuse to the Administrator for 1 of 3 residents reviewed for abuse. (Resident B)</p> <p>Findings include:</p> <p>The clinical record for Resident B was reviewed on 11/30/21 at 12:40 p.m. The diagnoses included, but were not limited to, post-traumatic stress disorder and attention-deficit hyperactivity disorder. She was admitted to the facility the evening of 11/9/21.</p> <p>The 11/10/21, 6:10 a.m. nurse's note, written by LPN (Licensed Practical Nurse) 5 read, "CNA [Certified Nurse Aide] comes to get nurse because resident first was upset about not having nares [narcotics] nurse entered room with 2 other CNAs due to previous false accusation previous shift. After explaining the process of new admits resident stated she was calling 911 due to staff beating her stealing her food and money [sic] nurse advise everyone to leave resident room resident then call 911 when they arrived they try to give resident a case number but then she stated she was in pain and requested to go to hospital medics took resident to [name of local hospital.]"</p> <p>The 11/10/21 incident report, reported to the state survey agency on 11/11/21, was provided by the DON (Director of Nursing) on 11/30/21 at 12:20 p.m. It indicated on 11/10/21 Resident B called 911 wanting to go to the hospital and claimed that someone stole her food and money and made contact with her.</p>	F 0609	<ol style="list-style-type: none"> <li>1. Resident B's allegation of abuse was reported to ISDH. Resident B was not harmed by the deficient practice. LPN 5 was educated on 11/12/2021 on proper reporting of abuse, neglect and exploitation.</li> <li>2. All residents have the potential to be affected. All interviewable residents were interviewed to identify any allegations of abuse, neglect and misappropriation of property.</li> <li>3. All staff were educated on the facilities "Abuse &amp; Neglect &amp; Misappropriation of Property" policy with emphasis on timely reporting to the abuse coordinator.</li> <li>4. The Administrator or designee will review all resident concerns and the 24 hour report to validate if allegations of abuse neglect or exploitation have been expressed by any residents and evaluate if the information was reported timely. The reviews will occur daily 5 days per week for 90 days. The findings will be reported to the QAPI committee</li> </ol>	01/05/2022

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	<p>The investigative file into the above incident was provided by the DON on 12/1/21 at 10:10 a.m. The file included an 11/12/21 written statement from LPN 5 that indicated Resident B called 911 and said "we beat her and took her food."</p> <p>An interview was conducted with LPN 5 on 12/1/21 at 1:09 p.m. She indicated when Resident B went to the hospital after calling 911, she was telling the ambulance drivers that staff pushed her, hurt her ribs, and were beating on her. "She was just saying whatever." LPN 5 did not inform the Administrator or DON about Resident B's allegations, because she considered the allegations a behavior rather than allegations of abuse. Later the DON informed her that she should have reported the allegations immediately.</p> <p>The investigative file included an 11/12/21 Teachable Moment for LPN 5 that read, "Concern:...not following the abuse policy....found a note of resident c/o [complained of] abuse and failed to report immediately to ED [Executive Director.]"</p> <p>An interview was conducted with the DON on 12/1/21 at 11:00 a.m. She indicated LPN 5 did not immediately report Resident B's abuse allegation. She found out about the allegation from reading the 11/10/21, 6:10 a.m. nurse's note and speaking with Resident B's roommate later that day. The teachable moment was because LPN 5 did not follow their abuse policy for immediately reporting allegations of abuse.</p> <p>The Abuse &amp; Neglect &amp; Misappropriation of Property policy was provided by the DON on 11/30/21 at 11:11 a.m. It read, "The following</p>		monthly.	

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F 0692 SS=D Bldg. 00	<p>procedure will assist the staff in the identification of incidents and direct them to appropriate steps of intervention. a. Each occurrence of resident incident, bruise, abrasion, or injury of unknown source; or report of alleged abuse, neglect or misappropriation of funds will be identified and reported to the supervisor and investigated timely. b. The supervisor or designee will notify the Director of Nursing and Executive Director of the incident or allegation immediately. Required notification of agencies, physician, and resident representative will be completed. c. The Executive Director will direct the investigation."</p> <p>This Federal tag relates to Complaint IN00367797.</p> <p>3.1-28(c)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and</p>			



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	<p>health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.</p> <p>Based on interview and record review, the facility failed to timely follow up on a dietary recommendation and provide a dietary supplement for 1 of 4 residents reviewed for nutrition. (Resident C and D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 12/1/21 at 3:00 p.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease and morbid obesity. She discharged from the facility to the hospital on 11/30/21.</p> <p>The nutrition care plan indicated Resident B's goal was to maintain adequate nutritional status.</p> <p>The 11/23/21 Wound Evaluation indicated she had moisture associated skin damage to her bilateral buttocks.</p> <p>The 11/25/21 Dietary Nutritional Assessment read, "Add sugar free Prostat [protein supplement] 30 ml once daily; clarify dialysis orders with MD. Noted abnormal labs-likely r/t [related to] pmh [past medical history.] Pt [Patient] is only getting meds [medications] through G tube at this time. Continue with therapeutic diet."</p> <p>There was no information in the clinical record to indicate the sugar free Prostat was added until 12/1/21.</p>	F 0692	<ol style="list-style-type: none"> <li><b>No resident was harmed in this deficient practice. Resident C and D are no longer at the facility</b></li> <li><b>All residents with dietary recommendations have the potential to be affected. All dietary recommendation in the last 30 days were reviewed for timely follow up of all recommendations.</b></li> <li><b>The IDT team and nurses were educated on the facility's Nutrition Dietary recommendation process.</b></li> <li><b>The DON/Clinical Designee will review the 24-hour report in morning meeting for dietary notes and recommendations. Dietician will follow up on previous recommendations on each of her next scheduled visits. The DON/ Clinical designee with bring the results of the audit to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations.</b></li> </ol>	01/05/2022

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	<p>An interview was conducted with the DON (Director of Nursing) on 12/2/21 at 4:28 p.m. She indicated if the RD (Registered Dietician) made a recommendation for Prostat on 11/25/21, it wasn't communicated to anyone at that time. Usually, they try to implement recommendations within 24 hours.2. The clinical record for Resident C was reviewed on 11/30/21 at 12:18 p.m. The diagnosis included, but was not limited to, Parkinson's Disease.</p> <p>A 10/21/21 Quarterly MDS (Material Data Set) Assessment indicated Resident C required extensive assistance of 1 staff person with eating.</p> <p>A care plan dated 11/7/21 indicated "[Resident C] has nutritional problem/potential nutrition problem disease process: Parkinson's...wound...sig [significant] wt [weight] loss...Interventions: Ice cream at lunch. monitor meal intake...requires feeding assistance...provide snacks per facility protocol. snacks in mini fridge..Provide supplements per medical provider's orders. Sugar free prostat 30 ml [milliliters] BID [twice a day] for wound. boost supplement..."</p> <p>Resident C's weights were recorded as the following: 10/22/21 148.5 pounds, no weight recorded for week of 10/15/21, 10/7/21 148 pounds, 9/6/21 159.3 pounds, 8/5/21 159.2 pounds, 7/28/21 161.5 pounds, and 6/9/21 175.6 pounds</p> <p>A dietian progress note for Resident C dated</p>			

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	<p>10/8/21 indicated "Pt [patient] triggering for a sig wt loss 5% x [times] 30 days...Spoke with [Resident C's representative] about potential wt loss. [Resident C's representative said she has a mini fridge in room fully stocked of boost supplements and other snacks, but requires feeding assistance and likely isn't asking for her snacks...Noted unhealed wounds - sugar free prostat 30 ml [milliliters] TID [three times a day] for wound healing... Rec [recommendation]: add ice cream at lunch; administer boost supplement once a day mid morning. Add to weekly weights for weight tracking."</p> <p>The resident's clinical record did not include documentation the boost supplement was administered as recommended.</p> <p>During a confidential interview, she indicated Resident C had a mini refrigerator in her room that was supplied with nutrition supplements. The staff were not providing the supplements.</p> <p>An interview was conducted with the Director of Nursing on 12/2/21 at 4:50 p.m. She indicated the recommended dietary supplement that was to be given mid morning to Resident C was documented in her care plan and in an electronic form reviewed by the Certified Nursing Aides (CNA)s. The electronic form was a general overview of the resident which included services needed and preferences of that resident. She was unable to provide documentation the supplement was administered mid morning daily and percentage of consumption.</p> <p>This Federal tag relates to Complaints IN00367300 and IN00367198.</p> <p>3.1-46(a)(2)</p>			

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F 0791 SS=D Bldg. 00	<p>483.55(b)(1)-(5) Routine/Emergency Dental Srvcs in NFs §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>§483.55(b) Nursing Facilities. The facility-</p> <p>§483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p>						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155272	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  12/02/2021
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	<p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan.</p> <p>Based on observation, interview and record review, the facility failed to ensure dental services was provided for 2 of 4 residents reviewed for dental services. (Resident C and H)</p> <p>Findings include:</p> <p>1. The clinical record for Resident C was reviewed on 11/30/21 at 12:18 p.m. The diagnosis included, but was not limited to, Parkinson's Disease. The resident was admitted to the facility on 4/12/21.</p> <p>A care plan dated 5/12/21 indicated Resident C had missing teeth. "Interventions:..dental consult as needed..."</p> <p>An ancillary consent dated 4/20/21 indicated Resident C had consented to receive dental services.</p> <p>During a confidential interview, she indicated Resident C had needed dental services and had not been seen.</p> <p>2. The clinical record for Resident H was reviewed on 12/02/21 at 12:18 p.m. The diagnosis included, but was not limited to, Paranoid Schizophrenia. The resident was initially admitted to the facility on 12/31/20.</p> <p>A 10/9/21 Quarterly MDS (Material Data Set) Assessment indicated Resident H was cognitively intact.</p>	F 0791	<p><b>1. No resident was harmed in this deficient practice. Resident C and D are no longer at the facility</b></p> <p><b>2. All residents with dietary recommendations have the potential to be affected. All dietary recommendation in the last 30 days were reviewed for timely follow up of all recommendations.</b></p> <p><b>3. The IDT team and nurses were educated on the facility's Nutrition Dietary recommendation process.</b></p> <p><b>4. The DON/Clinical Designee will review the 24-hour report in morning meeting for dietary notes and recommendations. Dietician will follow up on previous recommendations on each of her next scheduled visits. The DON/ Clinical designee with bring the results of the audit to the monthly QAPI meeting. The results of the audit will be reported, reviewed, and trended for a minimum of 6 months, then randomly thereafter for further recommendations,</b></p>	01/05/2022

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	<p>An ancillary consent dated 1/6/21 indicated Resident H had consented to receive dental services.</p> <p>An observation was made of Resident H on 12/2/21 at 1:35 p.m. The resident was observed to be missing some bottom teeth. An interview was conducted with Resident H at that time. She indicated she would like to see a dentist. The resident stated she had top dentures but would like to have bottom dentures as well. She had not seen a dentist since admission nor had been offered to see one.</p> <p>A dental ancillary report was provided by the Director of Nursing on 12/2/21 at 12:00 p.m. The dental provider had been in the building on the following dates and provided dental services to residents:</p> <p>1/15/21, 2/12/21, 2/19/21, 3/3/21, 3/12/21, 4/7/21, 5/7/21, 6/2/21, 6/28/21, 7/7/21, 8/27/21, and 9/24/21</p> <p>Resident C and H had not been seen by the dental provider.</p> <p>An interview was conducted with Social Services (SS) 1 and SS 2 on 12/2/21 at 3:56 p.m. SS 2 indicated after the residents sign the ancillary</p>			

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	<p>consents on admission they are faxed over to the dental provider. The dental provider then places the residents on a list who will be seen. The resident's may also request to be seen.</p> <p>An interview was conducted with the Director of Nursing on 12/2/21 at 4:33 p.m. She indicated SS 1 and SS 2 indicated Resident C and H had been missed and had not been seen by the dentist.</p> <p>A dental policy was provided by the Director of Nursing on 12/2/21 at 5:30 p.m. It indicated "...Scope: This policy is applicable to all adult living centers. Procedures: I. The facility will assist the resident in: a. obtaining routine dental services...c. obtaining services to the resident to meet the needs of each resident...d. making appointments...e. arranging for transportation to and from the dental service location...f. Promptly, within three (3) days refer residents with lost or damaged dentures for dental services..g. Assisting residents who are eligible and wish to apply for reimbursement of dental services as an incurred medical expense under the State plan..."</p> <p>This Federal tag relates to Complaint IN00367300.</p>			