

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

PRINTED: 01/05/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155656		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/12/2022	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00396293. This visit was in conjunction with a Recertification and State Licensure Survey</p> <p>Complaint IN00396293 - Substantiated. Federal/state deficiencies related to the allegations are cited at F 791</p> <p>Survey dates: December 6, 7, 8, 9, and 12, 2022</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Census Bed Type: SNF/NF: 90 Total: 90</p> <p>Census Payor Type: Medicare: 2 Medicaid: 76 Other: 12 Total: 90</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed December 13, 2022</p>			F 0000	This facility is requesting paper compliance. Thank you		
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>						

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

TITLE

(X6) DATE

Meeta Anand

Executive Director

12/22/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<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:</p> <p>(i) Routine dental services (to the extent covered under the State plan); and</p> <p>(ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <p>(i) In making appointments; and</p> <p>(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> <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</p>			F 0791	F 791 Based on observation,		01/06/2023

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	<p>review, the facility failed to ensure dental services were provided for 1 of 3 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>During an observation on 12/6/22 at 10:50 AM, Resident B indicated she was missing bottom teeth and her partial denture plate had been missing for a long time. Resident B indicated she had some trouble chewing but believed that she had enough to eat with what is available. She indicated she wished she had her partial denture plate so she could eat anything she wanted.</p> <p>During an interview on 12/6/22 at 2:46 PM, Resident B's family member indicated her partial denture plate had been missing for several months. The family member indicated they had several conversations with the facility about the lost dentures, the facility responded they were "following up", but the family never received a clear answer on what the facility's plan was.</p> <p>During a record review on 12/7/22 at 10:27 AM, a Minimum Data Set dated 11/29/22 indicated Resident B had diagnoses including non-Alzheimer's dementia, hypertension, and hyperlipidemia.</p> <p>A progress note dated 10/3/22 at 3:32 PM written by Nurse Practitioner (NP) 3 indicated Resident B was upset about her dentures being lost. The progress note also indicated the findings were discussed with nursing.</p> <p>A Concern/Grievance form dated 10/26/22 indicated in Section I, Resident B's son reported her dentures had been missing for more than a month. Section II of the grievance form, a</p>				<p>interview and record review, the facility failed to ensure dental services were provided for 1 of 3 residents reviewed (Resident B)</p> <p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice Corrective action was taken for Resident B by making a dental consult appointment on 12/14/2022 where the measurements were taken for the upper partial dentures. An Oral Status and Swallowing Disorder Screening Observation Assessment was completed with no concerns noted. No adverse outcomes noted from deficient practice.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(S) will be taken All residents have the potential to be affected. A list of Residents with dental issues will be identified by Social Services Director/ designee and ensure that dental assessment / dental services will be scheduled if needed.</p> <p>What measures will be put in place and what systemic</p>		

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	<p>department head follow-up note dated 10/27/22, indicated the dentures were located the following day and staff offered to lock them in the nurse's cart. Resident B declined the offer and the dentures were missing again. Section III of the grievance form, follow up communication with the individual filing the report, dated 10/4/22, indicated the Social Enrichment Director called the Resident B's son, explained the resident refused to have her dentures locked up and they were lost again. An additional note in this section, also dated 10/4/22 indicated there were no further issues. No explanation of date discrepancies was received by the time of exit. Additional notes attached to the grievance form indicated the subject was reviewed on 11/18/22 during a care plan meeting. Additional notes indicated dental offices were contacted regarding quotes for denture replacement on 11/21/22, 11/28/22, and 12/2/22.</p> <p>Documents titled Oral Status and Swallowing Disorder Screening forms dated 11/14/22 and 11/22/22 were reviewed. The checklist style form had no check marks, notes, or any other indication a screening had been completed. No signature or date was on either form to indicate completion.</p> <p>During an interview on 12/8/22 at 10:50 AM, the Director of Nursing indicated she did not know why the Oral Status and Swallowing Disorder screening forms were not completed.</p> <p>A care plan dated 10/5/21 indicated Resident B had dentures, she should have had a dental consult as indicated and should have been observed for decreased ability to chew food.</p> <p>A current policy titled Resident Concerns and Grievances, last revised 1/19, indicated actions</p>				<p>changes will be made to ensure that the deficient practice does not recur</p> <p>1. IDT re-education on the Oral Status and Swallowing Disorder Screening form in Matrix and Dental Services / Missing Dentures Policy will be completed by Jan 6, 2023</p> <p>2. IDT will identify any resident with an identified need for dental services. The identified resident will have a dental referral completed as indicated. IDT will follow up to ensure that the dental referral was made and completed by 01/06/2023 by Social Services Director or designee.</p> <p>3. IDT re-education regarding the Resident Concerns and Grievance Policy will be completed</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e; what quality assurance program will be put into place.</p> <p>1. The Dental Services QAPI tool will be completed by the Social Services Director or Designee weekly x 4 weeks, and monthly for 6 months and then every quarter as indicated by the Social Services QAPI Calendar. This will be presented and reviewed by the Interdisciplinary Team at the QAPI meeting each month.</p>		

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	<p>should be taken to resolve the complaint within 72 hours of the time the concern was received.</p> <p>No records regarding oral screening to determine ability to effectively chew without the missing dentures were available for review at the time of exit.</p> <p>No records regarding contact with a dental office about missing dentures prior to 11/21/22 were available for review at the time of exit.</p> <p>This Federal tag relates to complaint IN00396293.</p> <p>3.1-24(a)(3)</p>				<p>By what date the systemic changes for each deficiency will be completed.</p> <p>The systemic changes will be completed by January 06 2023</p>		