

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

PRINTED: 08/30/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155479		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  KINGSTON CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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 a Recertification and State Licensure Survey. This visit included the Investigation of Complaint IN00412674 and Complaint IN00413266..</p> <p>Complaint IN00412674 no deficiencies regarding allegations.</p> <p>Complaint IN00413266 no deficiencies regarding allegations.</p> <p>Survey dates: August 2, 3, 4, 7, and 8, 2023.</p> <p>Facility number:000522 Provider number:155479 AIM number:100267040</p> <p>Census Bed Type: SNF/NF:65 SNF:40 Total:105</p> <p>Census Payor Type: Medicare:23 Medicaid:59 Other:23 Total:105</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed August 9, 2023</p>			F 0000	<p>This Plan of Correction is being prepared and executed because it is required by the provisions of state regulation, and not because Kingston Care Center of Fort Wayne agrees with the allegations and citations listed on the statement of deficiencies. Kingston Care Center of Fort Wayne maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Kingston Care Center of Fort Wayne's written credible allegations of compliance. This plan of correction is not meant to establish any standard of care contract, obligation or position, and Kingston Care Center of Fort Wayne reserves all possible contentions and defenses in any civil or criminal actions or proceeding.</p> <p>Please accept the date of correction 8/25/23, as the facility's credible allegation of compliance. We respectfully request paper compliance.</p>		
F 0697 SS=D Bldg. 00	<p>483.25(k) Pain Management §483.25(k) Pain Management.</p>						

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

TITLE

(X6) DATE

Alicia

Holifield

08/25/2023

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 disclosable 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>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Based on observation, interview, and record review the facility failed to ensure pain was controlled in 1 of 1 resident reviewed. (Resident 249)</p> <p>Findings include:</p> <p>During an interview and observation, on 8/2/23 at 11:45am, Resident 249 indicated she was in a great deal of pain frequently. Resident 249 indicated the pain medication was able to be given every 6 hours and was not effective for the entire time. Resident 249 indicated the pain medication took the sharpness of the pain away. Resident 249 was observed holding onto her right wrist area and holding her right arm close to her body. No brace or other device was applied. Resident 249 indicated a brace does not help with the pain. Resident 249 indicated the facility did not offer ice, heat, or any other reliefs for the pain. Resident 249 indicated pain was attempted to be controlled by routine and as needed pain medications. Resident 249 indicated she had chronic and acute pain. Resident 249 indicated a pain level of 3 was acceptable to her. Resident 249 indicated her pain was a 6 at the time of the interview. Resident 249 indicated her pain was not well controlled.</p> <p>Resident 249's record review, on 8/3/23 at 1:23 PM, indicated diagnoses included fracture of shaft of humerus right arm, adult failure to thrive, history of falls, and arthritis.</p> <p>Resident 249's current MDS (Minimum Data Set)</p>			F 0697	<p>It is the policy of Kingston Care Center of Fort Wayne to ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. Resident #249 has been reviewed by DON/Designee on 8/22/23 to ensure non pharmacological interventions have been documented prior to the administration of the prn pain medication. Current residents receiving prn pain medications have been reviewed by the DON/Designee on 8/22/23 to ensure orders/care plans are in place for non-pharmacological interventions attempted prior to the administration of the pain medication. Licensed Nurses were educated by the staff development nurse on the pain management policy including documentation of non-pharmacological interventions prior to the administration of the pain medication on 8/22/23. The DON/Designee will monitor</p>		08/25/2023

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	<p>entry assessment indicated her BIMS (Brief Interview of Mental Status) score was a 15. The score of 15 reflected no cognitive decline. Section N of the MDS indicated Resident 249 was administered Opioid pain medication 7 of 7 days assessed.</p> <p>Resident 249's care plan dated 7/25/23 indicated the focus on pain related to a fracture of her right arm, arthritis, and general discomfort. The goal was for Resident 249 to be free from adverse effects of analgesia and verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the next review period. The interventions were listed as follows:</p> <p>Resident's stated acceptable pain level was: (there was no number to indicate what Resident 249's acceptable pain level was assessed)</p> <p>Assess pain at least daily and PRN. Observe for non-verbal signs and symptoms of pain.</p> <p>Attempt non-pharmacological interventions for pain management as indicated/appropriate (distraction, repositioning, massage, cryotherapy, etc.)</p> <p>Evaluate the effectiveness of pain interventions.</p> <p>Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition.</p> <p>Monitor/record pain characteristics: Quality (sharp, stabbing, dull, achy, etc.). Severity (0-10 pain scale), anatomical location, onset, duration, non-verbal signs/symptoms.</p> <p>Meds as ordered.</p> <p>Monitor response to pain prevention/interventions and document as indicated.</p> <p>Monitor/document side effects of analgesic medication.</p> <p>Notify Physician of signs/symptoms or</p>		<p>compliance by reviewing prn pain medication administrations that are identified to ensure non-pharmacological interventions have been attempted and documented prior to the administration of the medication. The DON/Designee will complete a Quality Assurance Audit for all prn pain medication administration documentation 3 times per week for 4 weeks, 1 time per week for 4 weeks, and then monthly for 4 months. Any abnormal findings will be addressed at the time and re-education will be conducted. The DON/Designee will report all findings to the Administrator. The Administrator will report all findings to the QA Committee and will be reviewed at the QA Monthly Meeting for 3 months and quarterly thereafter.</p>				

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	<p>complaints of pain unrelieved by medications. Provide support devices as needed (pillows, cushions, etc.) Educate resident and or responsible party on risks and benefits of pain prevention approaches. Identify and treat causes of pain. Therapy referral as indicated.</p> <p>There were no resident specific interventions in the care plan regarding non-pharmacological interventions that were effective.</p> <p>Resident 249's progress notes were reviewed from 7/27/23 to 8/4/23 at 8:45AM. The progress notes documented pain as follows:</p> <p>On 7/28/23 at 10:27AM a skilled nursing note indicated pain status: Verbally expressed pain. Non-pharmacological pain relief interventions: None needed at this time. The skilled nursing note indicated pain was expressed yet no nonpharmacological interventions were attempted.</p> <p>On 7/31/23 at 1:37AM a skilled nursing note stated pain status: No verbal/nonverbal expressions of pain observed. Non-pharmacological pain relief interventions: Cold. There was no indication why cold had been applied, or follow up documentation of the outcome of the non-pharmacological intervention.</p> <p>On 8/1/23 at 2:48PM a nurse practioner (prescriber) note indicated; Chronic pain of right upper extremity/Right humerus fracture. Pain control with Percoset, will increase to 7.5mg/325mg every 6 hours as needed for now. Continue Zanaflex (a muscle relaxer) as needed.</p> <p>On 8/2/23 at 9:38AM a skilled nursing note</p>						

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	<p>indicated pain status: Verbally expressed pain. Non-pharmacological pain relief interventions was blank with two **. The nursing note indicated pain was expressed yet there were no non-pharmacological interventions documented.</p> <p>On 8/3/23 at 1:24AM a skilled nursing note indicated pain status: No verbal/nonverbal expressions of pain observed. Non-pharmacological pain relief interventions: Cold, Relaxation techniques, rest. There was no indication why the cold was applied and no follow up documentation.</p> <p>There were no other progress notes to indicate the use or effectiveness of non-pharmacological interventions prior to use of Opioid medication administration.</p> <p>There were no further progress notes to indicate the characteristics of the pain when pain had been indicated as outlined in the care plan.</p> <p>There were no progress notes to identify the effect of the pain on Resident 249's overall well being.</p> <p>Resident 249's MAR (Medication Administration Record) documented she was administered the following Opioid medications:</p> <p>Percocet oral tablet 5-325mg 7/26/23 at 7:25PM and on 7/27/23 at 4:22AM and 10:25AM.</p> <p>The order for oxycodone-acetaminophen was changed to 7.5-325mg on 7/27/23. Resident 249's MAR was documented administered at the following times: 7/27/23 at 4:34PM and 11:46PM. 7/28/23 at 6:37AM, 12:37PM, and 6:40PM.</p>						

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	<p>7/29/23 at 12:40AM, 6:43AM, 12:44PM, and 6:54PM.</p> <p>730/23 at 6:57AM, 1:17PM, and 7:18PM.</p> <p>8/1/23 at midnight, 6:40AM, 1:11PM, and 7:15PM.</p> <p>8/2/23 at 4:59AM, 11:04AM, 4:40PM and 10:44PM.</p> <p>8/3/23 at 5:03AM, 11:03AM,5:09PM, and 11:21PM.</p> <p>8/4/23 at 6:39AM, 12:39PM, and 6:40PM.</p> <p>There were 3 documented uses of non-pharmacological interventions in progress notes and 30 documented administrations of Opioid medications on MAR from 7/27/23 to 8/4/23.</p> <p>In an interview, on 8/4/23 at 1:16PM, ADON 1 (Assistant Director of Nursing) indicated non-pharmacological interventions should be documented in progress notes and attempted prior to Opioid medication administration.</p> <p>A policy titled, "Pain Assessment and Management" provided by the Administrator on 8/5/23 at 9:03AM, dated October 2022 indicated the following: General Guidelines: 6. Assess the resident's pain and consequences of pain at least each shift. Assessing Pain: a. History of pain and its treatment, including pharmacological and non-pharmacological interventions; b. Characteristics of pain: (1) Intensity of pain (2) Description of pain (3) Pattern of pain (constant or intermittent) (4) Location and radiation of pain (5) Frequency, timing and duration of the pain Implementing Pain Management Strategies: 1. Non-pharmacological interventions may be appropriate alone or in conjunction with</p>						

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F 0761 SS=E Bldg. 00	<p>medications.</p> <p>2. Pharmacological interventions (i.e., analgesics) may be prescribed to manage pain, however they do not usually address the cause of pain and can have adverse effects on the resident (e.g., drowsiness, increased risk of falling; loss of appetite) ...</p> <p>3.1-37(a)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p>						

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	<p>Based on observation, interview and record review, the facility failed to date medication when opened in 4 of 4 medication carts reviewed. (400 A cart, 400 B cart, 400 C cart, 300 cart</p> <p>Finding include:</p> <p>During a medication storage observation with LPN 3 (Licensed nurse), on 8/3/2023 at 7:55 AM, on the 400 (A) medication cart the following was observed: A medication of insulin aspart for Resident 23 with no open date. There were 38 units remaining of 250 dispensed. A medication vial of Lantus for Resident 39 with no open date. The vial of medication had ¾ of the vial left remaining. Medications of MiraLAX and Lantus for Resident 54 were observed opened and undated. There were 140 cc (cubic centimeter) of 250 cc remaining in the MiraLAX, and 190 units of 260 units remaining of Lantus. A medication of MiraLAX for Resident 6 was observed open with no open date.</p> <p>During an interview on 8/3/2023 at 7:55 AM, LPN 3, indicated the medications should have open dates, she usually didn't work the cart so she was not sure why the cart had opened medications without open dates.</p> <p>During a medication storage observation with ADON (assisting director of nursing), on 8/3/2023 at 8:00 AM, on the 400 B medication cart the following was observed: A 1/2 empty medication of cough syrup labeled for Resident 8. An opened bottle of lactulose with no open date for Resident 4. An opened medication of MiraLAX with no open date for Resident 197.</p> <p>During an interview on 8/3/2023 at 8:00 AM, the ADON indicated since the medications had no</p>			F 0761	<p>It is the policy of Kingston Care Center of Fort Wayne to ensure that all drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>Residents #'s 23, 39, 54, 6, 8, 4, 197, 88, 92, 27, 14 have had medications reviewed to ensure that all have been dated when opened by the DON/Designee on 8/22/23</p> <p>Facility Medication Carts have been audited by the ADON/Designee on 8/22/23 to ensure that that all medications have been dated when opened and contain all elements of proper labeling.</p> <p>Licensed Nurses were educated by the staff development nurse on the medication storage/labeling policy on 8/22/23.</p> <p>The licensed nurses will date all medications when opened and placed in the medication carts. The DON/Designee will monitor compliance by auditing the medication carts. The DON/Designee will complete a Quality Assurance Audit for all medication carts 3 times per week for 4 weeks, 1 time per week for 4 weeks, and then monthly for 4 months to ensure all opened medications are dated. Any</p>		08/25/2023



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	<p>open dates, they should be thrown out.</p> <p>During a medication storage observation with ADON on 8/3/2023 at 8:05 AM, on the 400 C medication cart the following was observed: An opened medication of MiraLAX with no open date for Resident 88. An opened medication of Milk of Magnesium with no open date for Resident 92.</p> <p>During a medication storage observation with ADON on 8/3/2023 at 8:10 AM, on the 300 medication cart the following was observed: An opened medication vial of Lantus with no open date for Resident 27. An opened bottle of guaifenesin (cough syrup) with no open date for Resident 14.</p> <p>The medial record was reviewed on 8/3/2023 for the following:</p> <p>Resident 23 had a diagnosis of Type 2 diabetes mellitus without complications. A physician order for Insulin Aspart injection solution (insulin aspart). Inject 12 units subcutaneous two times a day for Diabetes Mellitus, had a start date of 6/5/2023.</p> <p>Resident 39 had a diagnosis of type of 2 diabetes mellitus with hyperglycemia and other diabetic kidney complications. A physician order for Lanus Subcutaneous solution 100 unit (insulin glargine). Inject 21 units subcutaneous one time a day for diabetes mellitus had a start date 5/24/23. Another physician order for Lanus Subcutaneous solution 100 unit (insulin glargine). Inject 60 units subcutaneous one time a day for diabetes mellitus had a start date 5/25/23.</p> <p>Resident 54 had a diagnosis type of 2 diabetes mellitus with other circulatory complications and</p>				<p>abnormal findings will be addressed at the time and re-education will be conducted. The DON/Designee will report all findings to the Administrator. The Administrator will report all findings to the QA Committee and will be reviewed at the QA Monthly Meeting for 3 months and quarterly thereafter.</p>		

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	<p>diabetic chronic kidney disease. A physician order for insulin glargine solution 100 units. Inject 26 units subcutaneous two times a day for diabetes-use vial, may use home supply had a start date 5/15/23. A physician order for Polyethylene glycol 3350 17 grams/scoop powder. Give 1 packet by mouth every 12 hours as needed for constipation had a start date of 5/22/23.</p> <p>Resident 6 had a diagnosis of Autistic disorder. A physician order for polyethylene glycol 3350 powder. Give 17 milligrams via peg-tube (percutaneous endoscopic gastrostomy) one time a day for constipation had a start date of 11/6/18.</p> <p>Resident 8 had a diagnosis of type 2 diabetes mellitus without complications. A physician order for Robitussin Peak cold oral syrup 100-10 milligram/5 milliliters (ML) (dextromethorphan-guaifenesin), give 20 ml by mouth every 4 hours as needed for cough or congestion had a start date of 2/28/23.</p> <p>Resident 4 had a diagnosis of constipation, unspecified. A physician order for Lactulose Solution 20 grams/30 ml. give 30 ml by mouth one time a day every Monday, Wednesday, and Friday for constipation had a start date of 5/11/22.</p> <p>Resident 197 with a diagnosis of chronic kidney disease stage 3. A physician order of polyethylene glycol 3350 powder. Give 17 grams by mouth one time a day for constipation with a start date of 7/29/22.</p> <p>Resident 92 had a diagnosis of gastro-esophageal reflux. A physician order for milk of magnesia oral suspension 400 mg/5ml (magnesium hydroxide), give 30ml by mouth every 12 hours as needed for constipation had a start date of 7/14/23.</p>						

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F 0791 SS=D Bldg. 00	<p>Resident 27 had type 2 diabetes mellitus without complications. A physician order for Lanus Subcutaneous solution 100 unit (insulin glargine), inject 46 units subcutaneous one time a day for diabetes mellitus had a start date 7/13/23.</p> <p>Resident 14 had a diagnosis of heart failure, unspecified. There were no active physician orders for the guaifenesin (cough syrup).</p> <p>A current facility policy, labeling of medication containers dated 9/2022, was provided by the Administrator on 8/3/23 at 1:24 PM. The policy indicated ..." All medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations ...Medication labels must be always legible ...Any medication packaging or containers that are inadequately or improperly labeled shall be returned to the issuing pharmacy ...date that it was opened ...."</p> <p>A current facility policy, storage of medication dated 1/7/21, was provided by the Administrator on 8/3/23 at 1:24 PM. The policy indicated ..." Nursing staff shall be responsible for maintain medication storage and preparation areas in a clean, safe, and sanitary manner ...Drug containers that have missing, incomplete, improper, or incorrect labels shall be returned to the pharmacy for proper labeling before storing ...."</p> <p>3.1-25(j)(m) and (n)</p> <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>						

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

PRINTED: 08/30/2023  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155479		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/08/2023	
NAME OF PROVIDER OR SUPPLIER  KINGSTON CARE CENTER OF FORT WAYNE				STREET ADDRESS, CITY, STATE, ZIP COD 1010 W WASHINGTON CENTER RD FORT WAYNE, IN 46825			
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	<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> <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</p>						

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	<p>plan.</p> <p>Based on observation, interview, and record review the facility failed to ensure denture care and replacement was provided for 1 of 3 residents reviewed (Resident 66).</p> <p>Findings include:</p> <p>In an interview on 8/2/23 at 10:34 AM, Resident 66 indicated her bottom denture was broken. Resident 66 indicated a couple months ago she gave her bottom denture to Social Services. Resident 66 indicated when she followed up with Social Services, they indicated they never received her bottom denture.</p> <p>During an observation on 8/2/23 at 10:34 AM, Resident 66 did not have a bottom denture in her mouth.</p> <p>A record review was completed on 8/2/23 at 2 PM for Resident 66. Diagnosis included gastro-esophageal reflux disease with esophagitis and dysphagia pharyngoesophageal phase.</p> <p>A recent quarterly Minimal Data Set (MDS) Assessment, dated 5/26/23, indicated Resident 66 had a Brief Mental Interview Status (BIMS) score of 15/15 (cognitively intact).</p> <p>A dental note, dated 4/27/23, was provided by the Administrator on 8/7/23 at 9 AM. The note indicated Resident 66 was seen by the Dentist on 4/27/23 at the facility. The note indicated on 4/27/23 "Resident 66 indicated her bottom denture was broken and she gave the broken denture to Social Service Director (SSD), but SSD indicated Resident 66 did not give the denture to her."</p> <p>A dental note, dated 5/8/23, was provided by the</p>		F 0791	<p>It is the policy of Kingston Care Center of Fort Wayne to ensure that the facility must assist residents in obtaining routine and 24-hour emergency dental care. The Facility will promptly, within 3 days, refer residents with lost or damaged dentures for dental services.</p> <p>Resident #66 has been referred by the social worker on 8/3/23 to the Dentist. Resident #66 has been scheduled for follow up dental services on 8/31/23 to have new impressions for bottom dentures made.</p> <p>Current residents with dentures have been reviewed by the Social Service /Designee on 8/21/23 to ensure that no follow up is needed.</p> <p>Licensed Nurses and Social Services were educated by the staff development nurse on the Dental Service policy on 8/22/23. The MDS Nurse/Designee will monitor compliance during the completion of the quarterly MDS completion. Any abnormal findings that are identified will be brought forward to the social worker to follow up with a referral. The Social Worker will monitor compliance. The Social Worker/Designee will complete a Quality Assurance Audit for all Dental Services weekly for 8 weeks, and then monthly for 4 months to ensure all residents in</p>		08/25/2023	

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	<p>Administrator on 8/7/23 at 9 AM. The note indicated Resident 66 was seen by the Dental Hygienist on 5/8/23 at the facility. The note indicated Resident 66's bottom denture was not present.</p> <p>A dental note, dated 7/20/23, was provided by the Administrator on 8/7/23 at 9 AM. The note indicated Resident 66 was seen by the Dental Hygienist on 7/20/23 at the facility. The note indicated Resident 66's bottom denture was not present.</p> <p>In an interview on 8/4/23 at 1:31 PM, Medical Records indicated after dental visits she forwarded the notes to the Assistant Director of Nursing (ADON) for review.</p> <p>In an interview on 8/4/23 at 1:43 PM, ADON 1 indicated the SSD followed up on missing dentures and replacement of dentures if needed.</p> <p>In an interview on 8/4/23 at 2:38 PM, the SSD indicated she did not receive Resident 66's bottom broken denture. The SSD indicated the 4/27/23 dental note should have been reviewed and a replacement denture should have been ordered.</p> <p>A current policy, undated, titled "Dental Services," was provided by the Administrator on 8/7/23 at 9 AM. The policy indicated "the facility should refer residents with damaged or lost dentures, within three days, for dental services" The policy also indicated the Director of Nursing Services was responsible for notifying Social Services of a resident's need for dental services and replacements.</p> <p>3.1-24</p>		<p>need of Dental Services are identified and addressed. Any abnormal findings will be addressed at the time and re-education will be conducted. The DON/Designee will report all findings to the Administrator. The Administrator will report all findings to the QA Committee and will be reviewed at the QA Monthly Meeting for 3 months and quarterly thereafter.</p>				