

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155628	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/20/2022
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NAME OF PROVIDER OR SUPPLIER CREEKSIDE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 3114 EAST 46TH STREET INDIANAPOLIS, IN 46205
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 8/9/2022. This visit included a PSR to the Investigation of Complaint IN00386617 completed on 8/9/2022.</p> <p>Complaint IN00386617 - Corrected</p> <p>Survey dates: September 19 and 20, 2022</p> <p>Facility number: 009569 Provider number: 155628 AIM number:200139920</p> <p>Census Bed Type: SNF/NF: 112 Total: 112</p> <p>Census Payor Type: Medicare: 7 Medicaid: 92 Other: 13 Total: 112</p> <p>This deficiency reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 22, 2022</p>	F 0000	<p>The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment.</p> <p>The facility is requesting a desk review for compliance.</p>	
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.</p>			

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 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>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 plan.</p>	F 0791	Th facility will ensure this	09/30/2022

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	<p>Based on observation, interview, and record review, the facility failed to follow through with a resident's dental referral for 1 of 3 residents reviewed for dental status and services. (Resident 41)</p> <p>Findings include:</p> <p>The clinical record for Resident 41 was reviewed on 9/19/22 at 11:34 a.m. The diagnoses included, but were not limited to, chronic pain. He was admitted to the facility on 10/27/21.</p> <p>The 10/28/21 dental consent indicated he consented to receive dental services while at the facility.</p> <p>The physician's orders indicated, "Podiatry, Dental, Audiology, Optometrist and Mental Health Care to evaluate and treat as indicated, effective 10/27/21.</p> <p>The dental care plan, last reviewed 9/19/22, indicated he had a problem with his oral health related to loose, carious, broken, or missing teeth. An intervention was to be seen by the dentist as soon as possible.</p> <p>The 8/12/22 Quarterly MDS (Minimum Data Set) assessment indicated he had mouth or facial pain, discomfort or difficulty with chewing. He had a BIMS (brief interview for mental status) score of 15, indicating he was cognitively intact.</p> <p>An observation and interview was conducted with Resident 41 on 8/2/22 at 11:58 a.m. He opened his mouth and had several missing teeth, broken teeth, and brownish black teeth on top and bottom. He indicated he took 7 or 8 pills at a time, when taking his medication, and some of the pills</p>		<p>requirement is met through the following corrective measures:</p> <ol style="list-style-type: none"> 1. Resident #41 has an appointment scheduled for 11/3/22 at the IU School of Dentistry for an evaluation and X-rays and consult for possible full mouth extractions. The treatment plan, recommendations/orders will be obtained or requested upon return and addressed accordingly. 2. All residents requiring dental services at an outside agency have the potential to be affected. Most recent dental visits for residents were reviewed to ensure any required follow up has been addressed. 3. The Dental Vision Hearing & Podiatry policy was reviewed and no changes were indicated. The licensed nursing staff and social service staff reeducated on this policy. The DON or designee will audit daily, Monday through Friday (as outside appointments will only occur on those days,) to ensure that upon return to the facility, the nursing staff obtain a copy of any recommendations or orders received or efforts made to obtain that information are documented. Upon receipt of said orders/recommendations, they will be completed as written. These audits will continue daily, Monday through Friday, for 6 weeks and 	
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	<p>would get stuck in the cavities in his mouth. After taking his medication, an hour or two later, a pill would fall out of a tooth. His teeth were cutting into his gums, and it was causing him pain. He informed nursing about it the previous week, and was told they would schedule an appointment for him, but no one ever followed up with him.</p> <p>An observation of Resident 41's oral cavity was made with the Case Manager and RN (Registered Nurse) 15 on 8/4/22 at 2:29 p.m. The Case Manager indicated she saw a broken tooth in the front of his mouth. Resident 41 informed the Case Manager and RN 15 that the pain came from the cuts in his mouth, if he took a cold drink, ate something hot, chewing, biting his lip, teeth cutting into his gums, trying to close his mouth, and clenching his teeth. He stated, "It's just not good, you know."</p> <p>An interview was conducted with Resident 41 on 8/4/22 at 11:02 a.m. He indicated his mouth began bleeding a couple of months ago. He would use the camera on his phone to see from where the blood was coming. He thought it was coming from his right cheek. He mentioned his teeth problems to nursing months ago. His teeth hurt right now. If he ate something cold or hot, it was instant pain. He was ready to take a fork and butter knife and do his own surgery. Sometimes he clenched his teeth when startled and during meals, and it hurt.</p> <p>The 9/8/22, 8:54 p.m. nurse's note read, "Resident had x-rays of mouth at dentist appointment and was referred to to [sic] [name of 2 different hospital systems) hospital and writer unclear why of referral, Resident did ask dentist could he get some gold teeth and the dentist informed writer that he needed a lot of teeth and each tooth was 500 dollars a tooth."</p>		<p>until 100% compliance is maintained, then weekly for an additional 4 months.</p> <p>4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.</p>	

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	<p>There was no dental referral or information in the clinical record to indicate clarification as to the reason for the dental referral, nor any information to indicate a future dental appointment was made.</p> <p>An interview was conducted with UM (Unit Manager) 2 on 9/19/22 at 12:15 p.m. She indicated she planned to follow up on the dental referral, but was off work recently. An aide, who attended the 9/8/22 dental appointment with Resident 41, informed nursing upon return that the dentist recommended he go to the hospital for further treatment. He did not return from the appointment with a dental note or referral, and no one from the facility had actually called the dentist's office to request the notes or referral. She stated, "We don't even know why he needs to go."</p> <p>On 9/19/22 at 3:51 p.m., an interview was conducted with the Clinical Coordinator from a local hospital's School of Dentistry, one of the hospital's referenced in the 9/8/22 nurse's note. She indicated there was no appointment currently scheduled for Resident 41. They needed the actual referral from the original dentist to be submitted to them via fax or email. Once submitted, the appointment could be scheduled.</p> <p>On 9/19/22 at 3:55 p.m., an interview was conducted with the DON (Director of Nursing) who, at this time, provided a copy of the 9/8/22 dental referral from the dentist's office at which Resident 41 had his 9/8/22 appointment. There was a date and time of 9/19/22, 3:35 p.m. in the top left corner of the copy. It read, "Surgical Plan...Extractions...Patient needs full exam and full mouth x-ray for extraction and denture evaluation." The DON indicated they just received this referral today via email from the</p>			

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

PRINTED: 10/05/2022
FORM APPROVED
OMB NO. 0938-039

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	<p>dentist's office.</p> <p>The Dental, Vision, Hearing, Podiatry Services policy was provided by the ED on 8/8/22 at 10:27 a.m. It read, "Procedure...9. The Social Service Director or designee will follow up on all referrals until completed....11. The facility will assist a resident in arranging for transportation to and from outside ancillary service providers as recommended."</p> <p>This deficiency was cited on 8/9/22. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-24(b)</p>				