STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345292	A. BUILDING _____ B. WING _____	08/11/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANTSBROOK NURSING AND REHABILITATION CENTER	290 KEEL ROAD GRANTSBORO, NC 28529

(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 412 SS=D	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. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to provide an annual oral cavity inspection and routine dental services for 1 of 2 residents reviewed for dental services (Resident #9). The findings included: Resident #9 was admitted to the facility on 7/1/14 and had a diagnosis of dementia and diabetes mellitus. The most recent Minimum Data Set (MDS) Assessment (Annual) dated 6/17/16 revealed the resident had moderate cognitive impairment and no dental issues noted. The Care Area Assessment (CAA) dated 6/17/16 for Cognitive Status/Dementia revealed the resident had some difficulty with recall due to dementia. The resident ' s Care Plan updated on 8/9/16 noted the resident was edentulous and used dentures. Review of the clinical record revealed no information regarding dental visits. On 8/10/16 at 3:14 PM the Director of Nursing (DON) stated in an interview they did not have a	F 412	F 412: Routine/Emergency Dental Services in NFS Grantsbrook Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Grantsbrook Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Grantsbrook Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of	8/17/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/17/2016

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F 412	Continued From page 1 contract with a dentist for routine dental care for residents on Medicaid. On 8/11/16 at 8:27 PM the Administrator stated in an interview they did not have a contract with a dentist and did not have a dentist see the residents annually.	F 412	Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. Resident #9 will be seen at an outside dental provider for dental services and denture repair on 8/23/16. A 100% audit of all current residents, to include resident #9, was initiated by the Director of Nursing and was completed on 8/11/16 to ensure all residents have had no dental issues using the facility resident census. There were no issues noted by the Director of Nursing at that time. On 8/16/16, the Administrator and the Director of Nursing was in-serviced by the Facility Nurse Consultant regarding: The facility must ensure that services are available for residents to provide either by employing a staff dentist or through a contract service for routine dental visits. A contract arrangement with a contracted dental company was made on 8/15/16 to provide in-house Dental Services by the Administrator. On 8/15/16, an inservice was initiated by the Administrator and a representative for the contracted dental company, with all license nurses, regarding the dental services provided by the contracted dental company. Any licensed nurse that did not attend the inservice, will be inserviced prior to their next scheduled work day. All new licensed nurse orientees will be inserviced on the dental services provided	

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F 412	Continued From page 2	F 412	by Long Term Care Professional Associates, Incorporated during orientation. The Director of Nursing will audit the dental consultations for all residents, to include resident #9,by the contracted dental company, or any other outside dental services, and utilize the Dental Services QI Tool for any recommendations of needed services weekly X's 4 then monthly X's 2 months to ensure all recommendations have been addressed. The Administrator will review the Dental Services QI Tool weekly X's 4 then monthly X's 2 months for completion and to ensure all areas of concern were addressed. The Quality Improvement Executive Committee will review all Dental Services QI Tool results monthly x 3 months for any recommendations, take action as appropriate, and to monitor for continued compliance.	