

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/19/2015
NAME OF PROVIDER OR SUPPLIER HARBORVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 812 SHEPARD STREET MOREHEAD CITY, NC 28557		
(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 411 SS=D	<p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS</p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide routine dental care for one of one residents reviewed for poor dentition (Resident # 29). Findings included: Resident #29 was admitted on 1/14/2013.</p> <p>The annual Minimum Data Set (MDS) dated 8/1/2014 noted Resident #29 to be cognitively impaired and needed extensive assistance for all Activities of Daily Living (ADL) s with the physical assistance of one person. The MDS indicated Resident #29 had no natural teeth or tooth fragments. The Care Area Assessment (CAA) noted an area of concern for dental care, but this area was not care planned.</p> <p>The care plan dated 1/22/2015 noted a focus of</p>	F 411	<p>1) The facility will ensure that Resident #29 will receive necessary dental services. The facility has scheduled a dental appointment from an outside resource for the resident.</p> <p>2) The facility has conducted a Quality Assurance audit, completed on 3/4/15, and any resident identified as being affected by the alleged deficient practice has dental services arranged. The facility will ensure ongoing compliance by arranging appointments for residents with an outside dental service or a contracted in-house dental service to provide routine and/or emergency services. The facility will make the arrangements unless the resident or responsible party refuses such services or has made arrangements on</p>	4/8/15	

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

TITLE

(X6) DATE

Electronically Signed

03/08/2015

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 411	<p>Continued From page 1</p> <p>nutritional deficits related to the resident being edentulous. The interventions included: check the residents ' dental health including gums and mucous membranes for any signs/symptoms of pain, dental caries, dryness, etc. and refer to dentist as needed.</p> <p>Give good oral hygiene before meals to enhance taste of food, and provide set up assistance with oral care.</p> <p>A review of nurse notes revealed no appointments for a dental visit and no dental assessment.</p> <p>A review of pain assessment interview on 8/1/2014, 10/13/2014, 1/9/2015 and 1/26/2015 revealed that Resident #29 was asked if she had any pain and she answered no.</p> <p>On 2/16/2015 at 12:30 PM, Resident #29 was observed during the lunch meal in the third floor solarium. The Resident did not appear to have any issues eating her food.</p> <p>On 2/17/2015 at 10:27 AM, Resident #29 was observed in her room. The Resident had one tooth in her lower gum, and all of her lower teeth were very small stubs that were dark brown.</p> <p>During medication pass on 2/18/2015 at 3:25 PM, Resident #29 was observed taking her medication and opening her mouth to show the nurse that she swallowed it. Again, observation was made of Resident #29 only having one tooth and only brown stubs on her lower gum.</p> <p>On 2/18/2015 at 3:45 PM during an interview, Nurse #1 stated that she thought Resident #29 had seen a dentist. Nurse #1 also stated that</p>	F 411	<p>their own. If the resident or responsible party refuses, the facility will record on the resident's care plan.</p> <p>3) The facility will conduct quarterly audits to ensure that each resident receives any needed routine dental services or annual examinations. The Director of Nursing or Designee will report findings to the QAPI Committee for review and evaluation of the plan. Any issues will be addressed by the QAPI Committee should they arise.</p> <p>4) The Director of Nursing or Designee will perform quarterly Quality Assurance audits and report findings to the QAPI Committee for review and evaluation. This is to ensure that all residents receive any needed routine or annual dental services. The QAPI Committee will determine the effectiveness of the program and will make any adjustments as needed. This Plan of Correction will be integrated into the Quality Assurance system of the facility as to ensure ongoing compliance.</p>		

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F 411	<p>Continued From page 2</p> <p>Resident # 29 had a partial plate that fit around her one tooth, but would not wear it.</p> <p>On 2/19/2015 at 10:15 AM, the Director of Nursing (DON) stated that Resident #29 had not had any complaints of mouth pain, so no dental appointment had been made.</p> <p>In an interview on 2/19/2015 at 11:15 AM, Nurse #2 stated that the facility does not employ a dentist to come to the facility, and if a resident needs a dentist, they go out to the appointment.</p> <p>An Interview with the scheduler was conducted on 2/19/2015 at 12 noon. The scheduler stated that Resident #29 had been to other appointments, but none were listed for the dentist.</p> <p>On 2/19/2015 at 2:15 PM, Nursing Assistant (NA) #1 stated in an interview that Resident #29 could not brush her own teeth, so the NA stated she brushes Resident # 29 ' s teeth when she does her morning care.</p> <p>On 2/19/2015 at 2:23 PM, in an interview, NA #2 stated that she attempts to brush Resident #29's teeth when she does the morning care.</p> <p>On 2/19/2015 at 2:25 PM, the MDS nurse stated that if there is no problem with a resident ' s teeth, it is not care planned.</p> <p>On 2/19/2015 at 2:28 PM, in an interview, Nurse #2 stated that she would expect AM care to be attempted daily, including oral care. Nurse #2 stated that Resident #29 would not always allow staff to complete her AM care.</p>	F 411			

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

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F 411	Continued From page 3 2/19/2015 at 2:40 PM in an interview, the DON stated that her expectation was that routine dental care would involve a yearly dental visit.	F 411			