

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G133 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/15/2018 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER FOREST BEND GROUP HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 47 S OAK STREET BREVARD, NC 28712 | | |
| (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 | |
| W 356 | <p>COMPREHENSIVE DENTAL TREATMENT CFR(s): 483.460(g)(2)</p> <p>The facility must ensure comprehensive dental treatment services that include dental care needed for relief of pain and infections, restoration of teeth, and maintenance of dental health.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to show evidence comprehensive dental treatment was provided in a timely manner for 1 of 3 sampled clients (#4). The finding is:</p> <p>Review of the record for client #4, conducted on 5/15/18, revealed a dental consultation dated 4/11/17 documenting "severe periodontal disease-can only be treated by full mouth extractions. Periodontal disease has been unequivocally linked to heart disease and stroke". Further review of the record for client #4 revealed a subsequent dental consultation dated 7/11/17 which documented "changing treatment plan to request and make partials". On-going review of the record for client #4 revealed the most recent documentation of dental consultation was dated 8/10/17. Review of the 8/10/17 dental consultation revealed documentation stating "unable to make impressions. Pt. needs MD to prescribe 15 mg. Valium - this is my recommendation." Further review of the record for client #4 revealed documentation stating a team meeting was conducted on 8/22/17 related to the dentist's recommendation for extractions and a partial for client #4. Further review of documentation related to the 8/22/17 team meeting revealed the guardian has denied extractions and requested restorations if possible.</p> | W 356 | | | |
| 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 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.

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

PRINTED: 05/20/2018
FORM APPROVED
OMB NO. 0938-0391

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| W 356 | Continued From page 1 Interview conducted with the facility's nurse revealed client #4's guardian had denied consent for the full mouth extractions the dentist had recommended for client #4 related to concerns client #4 would not tolerate dentures, and may not eat properly if these extractions were completed. Continued interview with the nurse verified no further action had been taken regarding client #4's dental recommendation and none was scheduled at this time. This interview further verified no documentation was available related to information provided to client #4's guardian related to health risks related to severe periodontal disease. Therefore, the facility failed to provide treatment for the severe periodontal disease identified by the dentist on 4/11/17 for a period greater than one year. | W 356 | | | |