STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G334	A. BUILDING _____ B. WING _____	C 12/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IWRC-DOGWOOD	2 ROSE STREET W ASHEVILLE, NC 28803

(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 331	NURSING SERVICES CFR(s): 483.460(c) The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide nursing services in accordance with the needs of client (#1) relative to dental care. The finding is: A review of records for client #1 on 12/15/20 revealed an admit date of 7/27/18. Continued review of records for client #1 revealed a diagnosis history to include severe intellectual disability and Lennox-Gestaut syndrome. Further review of records for client #1 revealed an individual support plan dated 8/6/20. Review of dental records for client #1 revealed consults dated: 11/15/18, 3/27/19, 5/20/19, 6/20/19, 7/9/19, 1/27/20, 7/14/20, 10/22/20 and 10/29/20. Review of the 11/15/18 consult revealed the patient presented after a fall, unable to diagnose #8 and #9 at this time; follow up in 4 weeks after healing. Continued review of medical consults revealed no evidence of a follow-up with the 11/15/18 recommendation. Review of the 3/27/19 consult revealed the client was unable to be seen today at the dental office due to not being at her home for pick up this morning. Review of electronic communication between the guardian and the facility nurse dated 4/15/19 revealed the guardian to report client #1 was assessed by a dentist on 4/15/19 due to a fall on 4/14/19. Continued review of electronic communication revealed the guardian to report a	W 331		

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

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W 331	Continued From page 1	W 331		

dental appointment for client #1 was scheduled for 5/24/19 for a cleaning, filling and any additional work and appointment would require a pre-op physical. Review of the 5/20/19 consult revealed: Dental pre-op due to epilepsy; cleared (for surgery). Subsequent review of dental treatment revealed no documented evidence the appointment on 5/24/20 for client #1 had occurred.

Review of the 6/20/19 medical consult revealed treatment for a fall, client #1 had a seizure and fell face forward on the floor. Review of orders related to the 6/20/19 consult included: control pain with Tylenol/Ibuprofen and try to get into dentist. If tooth falls out, put tooth in milk and go to ER. Review of a 7/9/19 dental consult revealed client #1 presented for a dental evaluation. Limited exam completed, full comprehensive exam was unable to be completed. Patient is a candidate for comprehensive treatment in operating room (OR). Return appointment needed to be scheduled for consultation in preparation for OR. Continued review of dental records for client #1 revealed no evidence of a follow-up from the 7/9/19 consult and no additional dental consults were available until 1/27/20.

Review of the 1/27/20 dental consult for client #1 revealed the recommendation for referral for full exam and cleaning as only a partial exam was conducted. Review of further dental records for client #1 revealed no evidence of a full exam as recommended in the 1/27/20 dental consult. No additional dental consults were available for review until 7/14/20.

Review of the 7/14/20 dental consult revealed

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W 331	Continued From page 2	W 331		

evaluation was for a follow-up with a dental injury. Continued review revealed a diagnosis of probable fracture of the anterior maxilla or damage to anterior maxillary teeth, other problems unable to be determined at this visit. Subsequent review of the 7/14/20 dental consult revealed physician orders to reflect: Patient is sustained. Trauma to maxillary anterior teeth that require treatment. Patient appears to be in pain. Other dental needs were unable to be assessed due to poor cooperation, she will not allow anyone to touch her mouth. Recommend treatment in OR under general anesthesia. No additional dental consults or documentation was available until 10/22/20.

Review of dental records dated 10/22/20 revealed a pre-op appointment for client #1 relative to a comprehensive dental exam. Continued review of dental records for client #1 revealed a 10/29/20 dental operation. Review of the 10/29/20 dental procedure for client #1 revealed findings of: generalized heavy plaque and calculus, generalized decalcification, missing #8 and #23, generalized gingivitis and periodontal disease. Further review of the 10/2020 dental operation revealed involved procedures to include: dental extractions, prophy and fluoride varnish. Subsequent review revealed (2) teeth needed to be extracted due to an infection associated with #26 and a luxated #9.

Interview with the facility qualified intellectual disabilities professional (QIDP) verified client #1 has seizures and has had a couple of falls since admission that resulted in dental injuries. Interview with the facility nurse on 12/15/20 revealed she was new to the position and started in 3/2020. Continued interview with the facility

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W 331	Continued From page 3 nurse verified she had assisted client #1 with going to the emergency room after a fall on 7/14/20. Further interview with the facility nurse revealed she was unaware of any dental treatment client #1 had received prior to beginning her position and she was unaware of how to look up dental history in the documentation system used by the facility. Interview with administration staff verified gaps were present in addressing client #1's dental care. Further interview with administration staff verified the inability to determine in documentation if client #1 had received a comprehensive dental evaluation since admission prior to 10/29/20. Subsequent interview with administration verified nursing services had failed to ensure proper care for client #1 relative to dental needs.	W 331		