

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

PRINTED: 09/07/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/10/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677		
(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	
E 000	Initial Comments	E 000			
F 000	<p>INITIAL COMMENTS</p> <p>An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 08/03/22 with exit from the facility on 08/05/22. Additional information was obtained on 8/10/22. Therefore, the exit date was changed to 8/10/22. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. There were 14 allegations investigated and 2 of the 14 were substantiated and cited. One (1) of the 14 was substantiated without citation. Immediate Jeopardy was identified at:</p> <p>CFR 483.25 at F684 at a scope and severity (K) CFR 483.55 at F791 at a scope and severity (K) CFR 483.70 at F835 at a scope and severity (K)</p> <p>The tag F684 constituted Substandard Quality of Care.</p> <p>Immediate Jeopardy began on 10/12/21 and it is ongoing.</p>	F 000			
F 585 SS=E	Grievances CFR(s): 483.10(j)(1)-(4)	F 585		8/15/22	

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

TITLE

(X6) DATE

Electronically Signed

08/14/2022

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 585	Continued From page 1 §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a reasonable expected time frame for	F 585			

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F 585	Continued From page 2 completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to be	F 585			

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F 585	<p>Continued From page 3</p> <p>taken by the facility as a result of the grievance, and the date the written decision was issued;</p> <p>(vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and</p> <p>(vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record reviews, resident, family and staff interview, the facility failed to provide written response for resolutions to grievances for 2 of 2 residents reviewed for grievances (Resident #1 and Resident #2).</p> <p>A review of the facility's grievance policy title "Resident and Family Grievances" implemented 11/01/20 indicated a resident has the right to, and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. The document also indicated the following: Efforts will be made to resolve all grievances as quickly as possible. The Grievance Officer, or designee, will provide the resident and/or responsible party a written notification if any extended period is required to conduct a thorough and equitable investigation. The resident will be provided a written summary of the resolution and every effort will be made to provide the summary within 48 hours of receiving the grievance. An acknowledgement signed by the resident</p>	F 585	<p>F585 Grievances</p> <ol style="list-style-type: none"> Corrective actions for affected residents. On August 5, 2022, the Reginal Nurse Consultant spoke with Family Member #1 to inform of Resident #1 dental appointment for August 23, 2022, at 7:00 am. Family Member #1 will accompany Resident #1 to her appt. On August 5, 2022, the Regional Nurse Consultant spoke with Resident #2's sister and informed her of Resident #2's appointment on August 16, 2022, at 2:00 pm. Corrective action for potentially affected residents. On August 12, 2022, the Administrator audited grievances from July 2022 to current to ensure resolution and notification. All grievances have been resolved and proper notification has been provided. Systemic Changes. On August 5, 2022, the Director of Nursing/Assistant 		

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F 585	<p>Continued From page 4</p> <p>validating he or she has received a written response must be maintained with the grievance. Grievances for non-resident will receive a verbal, and if requested, written response within 5 working days or be notified if the investigation required more time.</p> <p>The findings included:</p> <p>1. Resident #1 was re-admitted to the facility on 07/09/21.</p> <p>A quarterly Minimum Data Set (MDS) dated 10/3/21 revealed Resident #1 was cognitively intact.</p> <p>A grievance written by Administrator #1 was filed on 07/14/22 by Resident #1's family regarding her dental follow-up. The stated findings include Resident #1 needed an appointment scheduled. The resolution provided for the grievance was an appointment was scheduled on 08/23/22 for a dental evaluation for extractions with intravenous (IV) sedation by an oral surgeon. The grievance was signed as completed 7/22/22 by Administrator #1.</p> <p>An interview was conducted with the Regional Nurse Consultant on 08/04/22 at 2:50 PM. The interview revealed she had been made aware with delays regarding Resident #1's dental care. She stated to her knowledge an appointment had been made for 08/23/22 as a result of a grievance filed with the current Administrator by Resident #1's family on 07/14/22. However, she had no further knowledge of delays in dental care at that time.</p> <p>An interview was conducted via phone with the</p>	F 585	<p>Director of Nursing/Unit Managers began in-servicing all staff on the Resident and Family Grievance policy. On August 10, 2022, the Regional Director of Operations educated the Administrator and Department Heads regarding written acknowledgment of grievance resolution by residents and verbal notification for non-residents. The education consisted of documenting how the resolution was provided on the grievance form, in addition to, the grievance log. The Administrator/Director of Nursing/Social Services Director will ensure when a grievance is communicated, it is then logged in the grievance book for tracking purposes. The Administrator/Director of Nursing/Social Services Director will communicate any outstanding grievances from the log during morning meeting to ensure resolution notification has occurred and is documented. The Administrator/Director of Nursing will ensure all Department heads, to include agency, who has not received this education by August 14, 2022, will not be allowed to work until education is complete. Any newly hired Department Head will receive education during facility orientation in-person or via telephone prior to working.</p> <p>4. Quality Assurance. The Administrator/Director of Nursing will monitor grievance written resolution notification using a Quality Assurance tool for Resident and Family grievance. The monitoring will audit Resident and Family grievances written resolution notification on the individual grievance and grievance</p>		

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F 585	<p>Continued From page 5</p> <p>current Administrator on 08/04/22 at 5:10 PM. The interview revealed she recalled speaking to Resident #1's family during a visit in the facility (date unknown). The current Administrator stated she discussed with Resident #1's family member regarding unresolved concerns voiced about Resident #1's dental status. The current Administrator expressed the family was very upset and angry the issue had not been addressed.</p> <p>An interview was conducted via phone with Family Member #1 (FM) on 08/05/22 at 8:34 AM. The interview revealed FM #1 had significant unresolved concerns regarding Resident #1's dental hygiene. FM #1 had not received a written follow-up to the grievance nor been contacted to notify FM #1 of a scheduled appointment date and time.</p> <p>Interviews with Administrator #2 were attempted without success.</p> <p>2. Resident #2 was admitted to the facility on 04/14/16.</p> <p>A quarterly Minimum Data Set (MDS) dated 07/25/21 revealed Resident #2 was mildly cognitively impaired.</p> <p>A grievance was filed on 2/11/22 by Resident #2 revealed he would like his teeth removed. The investigation findings included medical records contacted a local oral surgeons office to schedule an appointment for Resident #2 to have extractions under sedation. The TA #1 was informed the previous dental office was unable to accommodate residents' preference and should "reach out to UNC." Resolution included oral</p>	F 585	<p>log. The QA monitoring will be conducted weekly times twelve weeks. The Administrator/Director of Nursing will report the results of the QA monitoring to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision.</p> <p>5. The date of compliance is 8/15/22.</p>		

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F 585	<p>Continued From page 6</p> <p>surgery was unable to accommodate the procedure and the facility was to check back next month (April).</p> <p>A follow-up formal grievance dated 7/13/22 filed on behalf of Resident #2 by his family was made with the facility at the corporate office level. The concern revealed the family member had expressed concerns a few months prior that she was told would be investigated, but she had not heard from the facility regarding the concerns. The concern listed Resident #2's dental status with questions to include- had he been seen by the dentist and told that the teeth needed to be extracted and went to the oral surgeons' office previously who had told him they could not remove the teeth while he was in the wheelchair and no staff member was present to transfer him. The resolution included: a phone call made by the Social Work Director and message left for Resident #2's family member which indicated when it comes to his dental appointment, Resident #2 required sedation and the only available oral surgeon is not taking new Medicaid patients at this time.</p> <p>An interview was conducted with the Regional Nurse Consultant on 08/04/22 at 2:50 PM. The interview revealed she had been made aware with delays regarding Resident #2's dental care. She stated to her knowledge no appointment had been made secondary to local oral surgeon's office were no longer taking Resident #2's payor source. However, she had no further knowledge of delays in dental care at that time.</p> <p>An interview was conducted via phone with the current Administrator on 08/04/22 at 5:10 PM. The interview revealed she recalled being made</p>	F 585			

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F 585	Continued From page 7 aware of Resident #2's poor oral dentation; however, she had been told the local oral surgeons would not accept Resident #2's payor source and therefore could not have his teeth extracted under IV sedation.	F 585			
F 641 SS=E	<p>Interviews with Administrator #2 were attempted without success.</p> <p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record reviews, and resident and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) for 2 of 2 resident's reviewed for dental services (Resident #1 and Resident #2).</p> <p>Findings included:</p> <p>1. Resident #1 was re-admitted to the facility on 07/09/21 with diagnosis that included anemia and diabetes.</p> <p>A provider note dated 3/16/22 written by NP #3 revealed Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>An Annual MDS dated 4/22/22 revealed Resident #1 to be cognitively intact and without any obvious or likely cavities or broken natural teeth.</p> <p>An interview with MDS Coordinator was conducted on 08/05/22 at 10:30 AM. The</p>	F 641	<p>F641- Accuracy of Assessments</p> <p>1. On August 5, 2022, Resident #2 Annual Minimum Data Set (MDS) assessment dated 1/23/22 Section L Question L0200D has been modified to correctly code broken teeth and dental caries. The Modified Annual MDS assessment has since been completed, transmitted and accepted on. On August 5, 2022, Resident #1 Annual MDS assessment dated 4/22/22 Section L Question L0200D has been modified to correctly code broken teeth and dental caries The Modified Annual MDS assessment has since been completed, transmitted and accepted.</p> <p>2. On August 8, 2022, the Regional Clinical Reimbursement Consultant (CRC) and Minimum Data Set nurses audited section L on the MDS for all current Residents identified with broken teeth and</p>	8/15/22	

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F 641	<p>Continued From page 8</p> <p>interview revealed she had completed the oral status section of Resident #1's Annual MDS dated 4/22/22 and had documented her oral status inaccurately. She explained she had not conducted an oral assessment or reviewed Resident #1's medical record.</p> <p>An interview with the Regional Reimbursement Consultant was conducted on 08/05/22 at 10:45 AM. The interview revealed he expected all MDS's to be completed accurately and the MDS Nurse should review the medical record before documenting answers in the MDS.</p> <p>2. Resident #2 was admitted to the facility on 04/14/16 with diagnosis that included hemiplegia following a nontraumatic intracerebral hemorrhage affecting the right dominant side.</p> <p>A provider noted dated 1/19/22 written by the MD indicated Resident #2 had requested he be referred to dentistry due to his teeth breaking and would like them extracted; however, the dentist who evaluated him previously could not offer him sedation which he preferred. It further indicated Resident #2 had multiple broken teeth and multiple dental caries.</p> <p>An Annual MDS dated 1/23/22 revealed Resident # to be mildly cognitively impaired and without any obvious or likely cavities or broken natural teeth.</p> <p>An interview with MDS Coordinator was conducted on 08/05/22 at 10:30 AM. The interview revealed she had completed the oral status section of Resident #2's Annual MDS dated 1/23/22 and had documented his oral status inaccurately. She explained she had not</p>	F 641	<p>dental caries for accurate coding of their dental status. Six residents were noted with incorrect coding of section L on their MDS. On August 8, 2022, the Regional CRC and MDS nurses corrected the MDS and resubmitted.</p> <p>3. On August 12, 2022, the Regional Clinical Reimbursement Consultant educated Minimum Data Set (MDS) LPN and Minimum Data Set (MDS) RN from the Resident Assessment Instrument manual on coding of Section L Dental Status. Any newly hired MDS nurse will receive education during facility orientation in-person or via telephone prior to working.</p> <p>4. Quality Assurance. The Administrator/Director of Nursing will monitor using a Quality Assurance tool for MDS Accuracy related to dental services. The QA monitoring of five residents MDS section L, Dental Status weekly x 4 weeks, four residents weekly x 4 weeks, and then three residents weekly x 4 weeks. The Administrator/Director of Nursing will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision.</p> <p>5. The date of compliance is 8/15/22.</p>		

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F 641	Continued From page 9 conducted an oral assessment or reviewed Resident #2's medical record. An interview with the Regional Reimbursement Consultant was conducted on 08/05/22 at 10:45 AM. The interview revealed he expected all MDS's to be completed accurately and the MDS Nurse should review the medical record before documenting answers in the MDS.	F 641			
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.	F 656		8/15/22	

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F 656	<p>Continued From page 10</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to develop a comprehensive person-centered care plan for residents identified with multiple broken irregularly shaped tooth fragments for 2 of 2 residents reviewed for dental services (Resident #1 and Resident #2). The facility also failed to develop a care plan to include behaviors (delusions) for 1 of 1 resident reviewed for behaviors (Resident #1).</p> <p>Findings included:</p> <p>1. Resident #2 was admitted to the facility on 04/14/16 with diagnosis that included hemiplegia following a nontraumatic intracerebral hemorrhage affecting the right dominant side.</p> <p>A dentist note dated 3/10/21 indicated Resident #2 was examined and he was missing teeth #1, 3, 5, 13, 16, 17-19, 29 and #32. He had visible root tips to teeth # 2, 9, 10, 12-14, 30 and 31 and teeth # 6-8, 11, 25 and 26 were non-restorable. On this date, oral antibiotics were prescribed for</p>	F 656	<p>F656 Develop/Implement Comprehensive Care Plan</p> <p>1. On August 5, 2022, the Regional Clinical Reimbursement Consultant modified the Annual MDS assessment dated 1-23-22 for Resident #2 Section L Question L0200D to correctly code broken teeth and dental caries. The Modified Annual MDS assessment has since been completed, transmitted and accepted. On August 12, 2022, the MDS Nurse updated Resident #2's care plan to address his dental issues.</p> <p>On August 5, 2022, the Regional Clinical Reimbursement Consultant modified the Annual MDS assessment dated 4-22-22 for Resident #1 Section L Question L0200D to correctly code broken teeth and dental caries. The Modified Annual MDS assessment has since been completed, transmitted and On August 5, 2022, the MDS Nurse updated Resident</p>		

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F 656	<p>Continued From page 11</p> <p>pulpal exposure-irreversible pulpitis and referenced an internal note on 2/24/21 that said Resident #2 had broken a tooth and the area was cutting into his gums. The note further detailed Resident #2 complained of pain and cutting his lip on the upper front tooth #6 and requested a full mouth extraction with an oral surgeon so he can be sedated. Resident #2 requested full mouth upper and lower dentures following extractions. An oral surgery referral was left with the Director of Nursing.</p> <p>A provider note written dated 9/27/21 by the Medical Director (MD) indicated an oral assessment that revealed Resident #2 had poor oral dentition with multiple broken teeth and multiple dental caries.</p> <p>A dentist note dated 10/12/21 indicated Resident #2 had root tips for teeth #2, 9, 10, 12, 13, 14, 30 and 31. Resident #2 had non-restorable teeth #6-8, 11, 25 and 26. He had visual heavy plaque, calculus, and inflammation. Resident #2 was seen on this date for a routine oral exam which revealed had an abscess to tooth #3.</p> <p>A provider noted dated 1/19/22 written by the MD indicated Resident #2 had requested he be referred to dentistry due to his teeth breaking and would like them extracted.</p> <p>An Annual MDS dated 1/23/22 revealed Resident #2 to be mildly cognitively impaired and without any obvious or likely cavities or broken natural teeth.</p> <p>Resident #2's comprehensive care plan did not include oral care concerns.</p>	F 656	<p>#1's care plan to include false allegations, delusions and attention seeking behaviors.</p> <p>Resident #1 allegation of sexual assault from 11/8/21 was investigated and found to be unsubstantiated.</p> <p>2. On August 8, 2022, the Regional Clinical Reimbursement Consultant and MDS Nurses conducted an audit of all current residents identified with broken teeth, dental caries, and dental issues had care plans in place. Thirty-one resident care plans were updated to address dental issues. On August 13, 2022, the Administrator audited allegations over the past 12 months that were found to be unsubstantiated due to behaviors including delusions and false allegations to ensure the presence of a behavior care plan. Three resident allegations which were unsubstantiated were noted and residents care plans reviewed to ensure appropriate behaviors documented.</p> <p>3. On August 5, 2022, the Regional Clinical Reimbursement Consultant re-educated the Minimum Data Set (MDS) Nurses from the Resident Assessment Instrument manual on Coding of Section L Dental Status and updating care plans. On August 13, 2022, the Regional Director of Operations educated the Administrator on reviewing care plans for residents with unsubstantiated allegations due to behaviors including delusional thoughts and false allegations.</p> <p>4. Quality Assurance. The Administrator/MDS Nurse/Designee will monitor using a Quality Assurance tool for Care Plan development related to dental</p>		

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F 656	<p>Continued From page 12</p> <p>An interview with MDS Coordinator was conducted on 08/05/22 at 10:30 AM. The interview revealed she had completed the oral status section of Resident #2's Annual MDS dated 1/23/22 and had documented his oral status inaccurately and therefore she was not prompted to develop an oral care plan for Resident #2.</p> <p>An interview with the Regional Reimbursement Consultant was conducted on 08/05/22 at 10:45 AM. The interview revealed he expected all residents to have a comprehensive person-centered care plan and Resident #2 should have had an oral care plan.</p> <p>2a. Resident #1 was re-admitted to the facility on 07/09/21 with diagnoses that included anemia and diabetes.</p> <p>A provider note dated 10/21/21 written by NP #1 indicated Resident #1 was seen for a sick visit on that date due to swelling of the face related to a tooth infection. The note also indicated Resident #1's left cheek and jaw were noticeably swollen.</p> <p>A dental hygienist note dated 11/02/21 indicated Resident #1 was seen in-house for mouth or facial pain, discomfort, or difficulty with chewing. The note further indicated Resident #1 had several root tips and fractured teeth including teeth #9, 10, 11, 12, 20, 25 and 31. Resident #1 planned to have all non-restorable teeth extracted by the oral surgeon.</p> <p>A dentist note dated 12/1/21 indicated Resident #1 was seen in the facility on a routine periodic exam. It further indicated Resident #1 had root tips to tooth #9, 10, 11, 12, 20, 25 and 31 as well</p>	F 656	<p>issues and delusional thoughts and/or behaviors. The QA monitoring of five residents care plan for dental issues weekly x 4 weeks, four residents weekly x 4 weeks, and then three residents weekly x 4 weeks.</p> <p>The Administrator will audit all residents with allegations that are found to be unsubstantiated due to behaviors including delusional thoughts and accusations for the presence of a behavior care plan weekly x 12 weeks. The Administrator/Director of Nursing will report the results of the QA monitoring monthly to the Quality Assurance Performance Improvement (QAPI) committee for continued compliance and/or revision.</p> <p>5. The date of compliance is 8/15/22.</p>		

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F 656	<p>Continued From page 13</p> <p>as decay and fractures to tooth #21, 22, 23 and #24 and heavy calcification located in the mouth. Recommendations were made that Resident #1 maintain oral hygiene and be referred for x-rays and extractions of all teeth as all root tips needed to be extracted. Staff indicated they were unable to access the internet to obtain results and therefore the dentist was unable to perform dental x-rays at the time of the visit.</p> <p>An Annual MDS dated 4/2/22 indicated Resident #1's oral status was not examined, but all areas documented had no abnormalities</p> <p>Resident #1's comprehensive care plan did not include oral care concerns.</p> <p>A dentist note dated 4/11/22 indicated Resident #1 was seen by the in-house dental who documented Resident #1 had expressed she had an abscess a couple weeks ago. It further detailed, upon examination of Resident #1's mouth on that date, an antibiotic was ordered secondary to a pressure building up similar in the left side of her lip as it had when the previous abscess had occurred. It also mentioned Resident #1's teeth were all decayed or root tips which needed to be removed by an oral surgeon. A referral was made on 04/11/22.</p> <p>An interview with MDS Coordinator was conducted on 08/05/22 at 10:30 AM. The interview revealed she had completed the oral status section of Resident #1's Annual MDS dated 4/2/22 and had documented her oral status inaccurately and therefore it did not trigger her to write a care plan. The MDS Coordinator indicated had she known about oral abnormalities, she would have developed a care</p>	F 656			

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F 656	<p>Continued From page 14 plan for Resident #1.</p> <p>An interview with the Regional Reimbursement Consultant was conducted on 08/05/22 at 10:45 AM. The interview revealed he expected all residents to have a comprehensive person-centered care plan and Resident #1 should have had an oral care plan.</p> <p>2b. Resident #1 was admitted to the facility on 07/09/21 with diagnoses that included anxiety, depression and schizophrenia.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 10/03/21 revealed Resident #1 made herself understood and was cognitively intact. There were no behaviors noted on the MDS.</p> <p>A review of the Physician's progress note dated 11/08/21 revealed Resident #1 made an allegation of sexual assault.</p> <p>An interview was conducted with the Medical Director (MD) on 08/05/22 at 4:30 PM who explained that she examined Resident #1 on 11/08/22 after her allegation of sexual assault was made which revealed no indication of sexual violation. The MD stated she felt the Resident's delusional thoughts of the sexual nature were related to her diagnosis of schizophrenia.</p> <p>A review of Resident #1's care plan revised 04/05/22 revealed there was no care plan developed to address the Resident's delusional thoughts and or accusations.</p> <p>During an interview conducted with the Minimum Data Set Coordinator (MDSC) #1 on 08/05/22 at</p>	F 656			

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F 656	Continued From page 15 6:30 PM the MDSC explained that she remembered the sexual assault accusation made by Resident #1 in November 2021 because she had to interview the Resident about the event. The MDSC indicated that even though the Resident's delusional behavior was unsubstantiated, a care plan should have been developed but she must have overlooked it. During an interview with the Director of Nursing (DON) on 08/05/22 at 6:35 PM the DON explained that on 11/08/21 Resident #1 made an accusation of sexual assault against a male nurse aide which was investigated by the facility and found to be unsubstantiated. The DON stated the decision to care plan the Resident's delusional behavior should have been discussed by the interdisciplinary team but her personal opinion was that the delusional behavior should have been care planned so that everyone would be aware of and report the behavior. An interview was conducted with the Regional Director of Operations and the Vice President of Regulatory Services (VPRS) on 08/05/22 at 6:40 PM. The VPRS explained that she did not expect the Resident's delusional accusations to be care planned because she felt it would deter the staff from reporting her behaviors.	F 656			
F 684 SS=K	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in	F 684		8/15/22	

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F 684	Continued From page 16 accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and resident, staff, Nurse Practitioner (NP), and Medical Director (MD) interviews, the facility failed to ensure residents' well- being by not providing care and services to prevent oral abscesses and unresolved dental pain for 2 of 3 residents (Resident #1 and Resident #2). Resident #1 was seen by NP #1 on 10/21/21 and was prescribed antibiotics for a tooth abscess and a STAT (without delay) dental appointment for the abscess was requested. Resident #1 reported a pain level ranging from 7-10 from 10/21/21 through 10/27/21. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #1 was seen by the dentist on 4/11/22 and reported pressure similar to when a previous abscess had occurred. Resident #1 was prescribed an antibiotic for the abscess and reported a pain level ranging from 8-10 from 04/07/22 through 4/15/22. Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. Resident #2 reported a pain level of 7 on a scale of 1-10 (10 being the worst pain) several days before and while the abscess was being treated. A dentist note dated 6/14/22 indicated Resident #2 had swelling around a tooth #21 which was inflammation but not currently an abscess. Resident #2 reported a pain level of 7 on two occasions after this visit from the dentist.	F 684	F 684- Quality of Care- Dental Services 1. Resident #1 has broken and decayed teeth with recurrent pain and abscess requiring an oral surgeon for extraction. The resident's spouse met with the current Administrator regarding dental services and an appointment was made for 8/23/22 for the oral surgeon. Resident #2 has broken, decayed teeth with recurrent pain, abscess and trouble eating. On 8/4/22 the Regional Nurse Consultant scheduled an appointment with the oral surgeon on 8/16/22. On 8/7/22 Resident #1 and Resident #2 were assessed by the Nurse Manager and have no complaint of oral pain and are able to eat their current diet without difficulty or pain. Nutritional status is being monitored during the daily Clinical meeting and weekly Risk meeting. 2. By 8/7/22 the Nurse Managers completed an audit of current residents to identify those with complaints of dental pain. This audit included an observation of the oral cavity for abnormalities of the teeth, redness, odor, or signs and symptoms of infection. The Physician was notified of any abnormalities and new orders for treatments and interventions including pain management and dietary		

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F 684	<p>Continued From page 17</p> <p>Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22 and Resident #2's dental appointment was scheduled on 8/4/22 (after the survey began) for 8/16/22.</p> <p>Immediate Jeopardy began on 10/12/21 when the facility failed to obtain dental services for Resident #2 for the extraction of all remaining teeth. Immediate jeopardy is present and ongoing.</p> <p>Findings included:</p> <p>1. Resident #1 was re-admitted to the facility on 07/09/21 with diagnoses that included anemia and diabetes.</p> <p>A quarterly Minimum Data Set (MDS) dated 10/3/21 revealed Resident #1 was cognitively intact. It further revealed Resident #1 had received pain medications; however, it had not limited her day-to-day activities as a result of the pain rating it as mild and she had received 4 days of opioid medications for pain management.</p> <p>A nurse note, written by Nurse #2, dated 10/20/21 revealed Resident #1 had complained of tooth pain and her left lower jaw was swollen and warm to the touch. It also indicated: A note was left in the MD book (a communication binder where notes are left to alert providers when changes in a residents' medical status had occurred) about the condition.</p> <p>Attempts to contact Nurse #2 were unsuccessful.</p> <p>A provider note dated 10/21/21 written by NP #1 indicated Resident #1 was seen for a sick visit on that date due to swelling of the face related to a</p>	F 684	<p>consults implemented. On 8/7/22, additional residents were identified who required dental follow up. On 8/11/22, the Director of Nursing confirmed the next scheduled on-site dental clinic with Aria Dental on 8/16/22.</p> <p>3. On 8/7/22, the Nurse Managers completed re-education of the Licensed Nurses including agency staff, to complete oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain. Issues identified by the Licensed Nurse and Nurse Aide will be reported to the Nurse Manager. The Physician will be notified by the Licensed Nurse and/or the Nurse Manager of any abnormalities and new orders for treatments and interventions including pain management and dietary consults implemented.</p> <p>On 8/7/22, the Nurse Managers completed re-education of the Nurse Aides including agency staff, to report oral cavity observations for red swollen gums, odor, and/or other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain or difficulty chewing. Issues identified will be reported to the Licensed Nurse or Unit Manager.</p> <p>On 8/7/22, the Director of Nursing completed re-education of the Unit Managers and Licensed Nurses, including agency staff regarding the process for</p>		

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F 684	<p>Continued From page 18</p> <p>tooth infection. The note also indicated Resident #1's left cheek and jaw were noticeably swollen and that Resident #1 had expressed the area was painful which resulted in Resident #1 being resistive to allowing a full oral examination by the NP; however, Resident #1 did open her mouth slightly which allowed the left lower gum to be visualized which was shown to be swollen with obvious signs of infection. Resident #1 refused testing (labs and/or x-rays) at that time but agreed to oral antibiotics and to see the dentist.</p> <p>A review of Resident #1's physician's order revealed two orders dated 10/21/21. They read as follows:</p> <p>Please schedule a STAT (a medical term used to mean immediately or without delay) dental appointment for infected tooth.</p> <p>Amoxicillin tablet 875-125mg (milligram) (an antibiotic medication taken by mouth used to treat an infection): administer one tablet by mouth every 12 hours for 10 days for tooth abscess.</p> <p>A telephone interview was conducted with NP #1 on 08/04/22 at 1:17 PM. NP #1 revealed she no longer was employed at the facility; however, she recalled assessing Resident #1 for an oral abscess in the fall of 2021 (exact date unknown as she no longer had access to the electronic medical record for Resident #1). NP #1 indicated Resident #1 was assessed with significant swelling to her face and jaw from a "terrible abscess" which she placed Resident #1 on antibiotic therapy.</p> <p>A review of the October 2021 Medication Administration Record (MAR) revealed Resident</p>	F 684	<p>communicating new physician orders for dental services to the Director of Nursing (DON).</p> <p>On 8/7/22, the Regional Director of Clinical Services completed re-education of the Director of Nursing, Nurse Managers, and the Administrator regarding the clinical morning meeting process to review the Physician Order Listing report including orders for dental services, pain medication orders, dietary consults, and New Admissions to identify residents with physician orders for dental services to validate dental services are scheduled and these orders completed.</p> <p>The process is as follows:</p> <ul style="list-style-type: none"> Licensed Nurses and Nurse Aides will complete oral cavity observations for red swollen gums, odor, and other teeth abnormalities on admission, during routine care, and with residents that complain of mouth pain. Any issues identified will be reported to the Licensed Nurse or the Nurse Manager. The Physician will be notified by the Licensed Nurse or Nurse Manager of any abnormalities and new orders for treatments and interventions including pain management and dietary consults implemented. Licensed nurses will enter orders received for dental services, pain management or dietary consults into electronic medical record. The Nurse Manager will print the Order Listing Report to include dental 		

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F 684	<p>Continued From page 19</p> <p>#1 was administered Norco (Norco/Acetaminophen), (a narcotic pain medication), 5/325mg on 10/20/21 for a pain level of #10 and it was documented to be effective.</p> <p>A Situation-Background-Assessment-Recommendation (SBAR) form (a tool used by nurses to facilitate prompt and appropriate communication to a medical provider), completed by Nurse #3, was initiated on 10/21/21 revealed Resident #1 had pain and inflammation in the left cheek. The recommendation section was blank.</p> <p>Attempts to contact Nurse #3 via phone were unsuccessful.</p> <p>According to the October 2021 MAR, Resident #1 was administered Norco 5/325 mg on 10/22/21 at 9:57 PM for a pain level of #7 and it was documented to be effective. She also received oral antibiotics twice on 10/22/21 for a tooth abscess.</p> <p>A nurses note dated 10/24/21, written by Nurse #4, revealed Resident #1 remained on antibiotic therapy but continued to complain of pain to the tooth.</p> <p>Attempts to contact Nurse #4 were unsuccessful.</p> <p>According to the October 2021 MAR, Resident #1 was administered Norco 5/325 mg on 10/24/21 at 10:19 AM for pain level of #8 and it was documented to be effective. She also received oral antibiotics twice on 10/24/21 for a tooth abscess.</p> <p>A nurses note dated 10/26/21 written by Nurse #4</p>	F 684	<p>services orders, pain medication orders, and dietary consults to review with the DON and Medical Records Director during the daily Clinical Morning Meeting.</p> <ul style="list-style-type: none"> The Medical Records Director will report on scheduling and completion of dental services appointments during the daily Clinical Stand Down Meeting. The Medical Records Director will report any difficulties with scheduling to the DON daily for resolution. The DON will keep a master log of residents receiving dental services and update daily during the Clinical morning meeting. This log will be used to track outside scheduled appointments and in-house dental appointments. The DON will reconcile this log daily by validating outside dental appointments and in-house dental appointments attendance. The Director of Nursing will ensure no staff will work without receiving this education. Any new hires, including nursing agency staff will receive education prior to the start of their shift. <p>4. The DON/Designee will complete a Dental Audit 5 times weekly x 4 weeks, 3 times weekly x 4 weeks, then 2 times weekly x 4 weeks to review documentation from outside dental appointments and in-house dental appointments to ensure dental service recommendations from the dental provider and physician are implemented. The results of the Dental Audit will be reported to the QAPI Committee monthly x 3 for revisions and/or compliance.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/10/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677		
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F 684	<p>Continued From page 20</p> <p>indicated Resident #1 continued on antibiotics and complained of breakthrough pain.</p> <p>According to the October 2021 MAR, Resident #1 was administered Norco 5/325 mg on 10/26/21 at 4:14 PM for a pain level of #7 and it was documented to be effective. She also received oral antibiotics twice on 10/26/21 for a tooth abscess.</p> <p>A nurses noted dated 10/27/21 written by Nurse #2 indicated Resident #1 continued on antibiotic therapy and complained of oral pain.</p> <p>According to the October 2021 MAR, Resident #1 was administered Norco 5/325 mg on 10/27/21 at 12:57 PM for a pain level of #8 and it was documented to be effective. She also received oral antibiotics twice on 10/27/21 for a tooth abscess.</p> <p>A record review revealed Resident #1 wasn't assessed by the NP/MD after the antibiotics were completed.</p> <p>A dental hygienist note dated 11/02/21 indicated Resident #1 was seen in-house for mouth or facial pain, discomfort, or difficulty with chewing. The note further indicated Resident #1 had several root tips and fractured teeth including teeth #9, 10, 11, 12, 20, 25 and 31. Resident #1 planned to have all non-restorable teeth extracted by the oral surgeon.</p> <p>A dentist note dated 12/1/21 indicated Resident #1 was seen in the facility on a routine periodic exam. It further indicated Resident #1 had root tips to tooth #9, 10, 11, 12, 20, 25 and 31 as well as decay and fractures to tooth #21, 22, 23 and</p>	F 684	5. The date of compliance is 8/15/22.		

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F 684	<p>Continued From page 21</p> <p>#24 and heavy calcification located in the mouth. Recommendations were made that Resident #1 maintain oral hygiene and be referred for x-rays and extractions of all teeth as all root tips needed to be extracted.</p> <p>A provider note dated 1/6/22, written by NP #1, revealed Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>A provider note dated 3/16/22, written by NP #3, revealed Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>According to the April 2022 MAR, Resident #1 was administered Norco 5/325 mg on 04/07/22 at 8:40 PM for pain level of #10.</p> <p>According to the April 2022 MAR, Resident #1 was administered Norco 5/325 mg on 04/08/22 at 9:51 PM for pain level of #8.</p> <p>A dentist note dated 4/11/22 indicated Resident #1 was seen by the in-house dentist who documented Resident #1 had expressed she had an abscess a couple weeks ago. It further detailed, upon examination of Resident #1's mouth on that date, an antibiotic was ordered secondary to a pressure building up similar in the left side of her lip as it had when the previous abscess had occurred.</p> <p>A review of Resident #1's physician's orders revealed an order dated 4/11/22. The order read as follows: Amoxicillin 500mg: give one tablet three times a day for 10 days for oral abscess.</p> <p>According to the April 2022 MAR, Resident #1</p>	F 684			

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F 684	<p>Continued From page 22</p> <p>was administered Norco 5/325 mg on 04/13/22 at 8:59 PM for pain level of #8.</p> <p>According to the April 2022 MAR, Resident #1 was administered Norco 5/325 mg on 04/15/22 at 8:35 PM for a pain level of #8.</p> <p>An observation and interview with Resident #1 were conducted on 08/03/22 at 3:18 PM. Resident #1 opened her mouth and smiled which revealed all visible teeth appeared to be yellow and brown stained, and jagged-irregularly shaped tooth fragments. Resident #1 vocalized she really needed to see the dentist to have her teeth extracted because she had multiple oral infections which had caused her pain, facial swelling, and at times, caused her to have difficulty chewing which made her not want to eat as much when this occurred.</p> <p>A telephone interview was conducted with Family Member #1 (FM #1) on 08/05/22 at 8:34 AM. The interview revealed FM #1 had significant unresolved concerns regarding Resident #1's "neglected" dental hygiene by the facility. FM #1 expressed Resident #1's lack of her having her teeth extracted, despite repeated recommendations and provider referrals, left Resident #1 with pain and repeated oral infections.</p> <p>An interview conducted with Office Manager (OM) of the oral surgery office on 08/10/22 at 9:06 AM revealed Resident #1 had a pending appointment on 08/23/22 at 7 AM which was made by the facility on 07/21/22.</p> <p>An interview was conducted with the Medical Director (MD) on 08/05/22 at 3:50 PM. The</p>	F 684			

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F 684	<p>Continued From page 23</p> <p>interview revealed she had not assessed Resident #1 when her first or second oral abscess occurred as Resident #1's dental care needs were handled by NP #1 and the in-house dentist at the time but was made aware they had occurred. She elaborated that Resident #1 not being provided prompt care for recurrent oral abscesses could be a "detriment" to her health status. She also vocalized serious adverse outcomes could have occurred to Resident #1 related to her poor oral hygiene if left untreated could have resulted in sepsis from the abscesses or endocarditis from untreated dental caries.</p> <p>2. Resident #2 was admitted to the facility on 04/14/16 with diagnoses that included hemiplegia following a nontraumatic intracerebral hemorrhage affecting the right dominant side.</p> <p>A provider note written by the Medical Director (MD) dated 9/27/21 indicated an oral assessment that revealed Resident #2 had poor oral dentition with multiple broken teeth and multiple dental caries. The note further indicated Resident #2 had voiced he had been unable to obtain his dental extractions secondary to anesthesia issues and the MD wrote she needed to obtain further details from the social worker and refer Resident #2 to a dentist who can perform this procedure.</p> <p>Review of the October 2021 Medication Administration Record (MAR), Resident #2 was identified to have experienced a level #7 in pain without analgesics provided on 10/9/21.</p> <p>Review of the pain assessment on 10/10/21, Resident #2 was identified to have reached a pain level of a #7 and analgesics were not provided.</p>	F 684			

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F 684	<p>Continued From page 24</p> <p>According to the October 2021 MAR, Resident #2 was identified to have experienced a level #7 in pain on 10/11/21 and analgesics were provided at 11:42 PM.</p> <p>A dentist note dated 10/12/21 indicated Resident #2 had root tips for teeth #2, 9, 10, 12, 13, 14, 30 and 31. Resident #2 had non-restorable teeth #6-8, 11, 25 and 26. He had visual heavy plaque, calculus, and inflammation. Resident #2 was seen on this date for a routine oral exam which revealed he had an abscess to tooth #3. Recommendations included Resident #2 have a full mouth series and was placed on oral antibiotics for the abscess.</p> <p>According to the October 2021 MAR, Resident #2 was identified to have experienced a level #7 in pain without analgesics provided on 10/12/21.</p> <p>A review of Resident #2's physician's orders revealed an order dated 10/12/21. The order read as follows: Amoxicillin 500 mg tablet: give one tablet three times daily for 10 days for an infected tooth.</p> <p>A review of Resident #1's MAR dated October 2021 indicated the antibiotic was not started until 10/14/21 and indicated see a nurses note; however, no nurses notes were located in Resident #2's medical record for 10/12/21 through 10/14/21 to reflect the reason for the delay in starting the oral antibiotic. It further indicated he received pain medications on 10/11 and 10/13 at bedtime.</p> <p>According to the October 2021 MAR, Resident #2 was identified to have experienced a level #7 in pain on 10/13/21 and analgesics were provided at</p>	F 684			

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F 684	<p>Continued From page 25 11:19 PM.</p> <p>According to a pain assessment on 10/14/21, Resident #2 was identified to have reached a pain level of a #7 and analgesics were not provided.</p> <p>A nurse note, written by Nurse #10, dated 10/14/21 indicted Resident #2 was started on antibiotic therapy for a tooth infection with no reports of pain.</p> <p>According to a pain assessment documented on the MAR on 10/20/21, Resident #2 was identified to have reached a pain level of a #7 during day shift and analgesics were not provided.</p> <p>According to the October 2021 MAR, Resident #2 was identified to have experienced a level #7 in pain on 10/20/21 during night shift and analgesics were provided at 10:11 PM.</p> <p>A provider noted dated 1/19/22, written by the MD, indicated she would discuss Resident #2's oral/dental status with administration as Resident #2 reported difficulty eating which may contribute to medical decline if he stopped eating.</p> <p>According to a pain assessment documented on the June MAR, on 6/10/22, Resident #2 was identified to have reached a pain level of a #7 and analgesics were not provided.</p> <p>A dentist noted dated 6/14/22 indicated Resident #2 had root tips for teeth #2, 9,10, 12, 13, 14, 30 and 31. Resident #2 had non-restorable teeth #6-8, 11, 25 and 26. He had visual heavy plaque, calculus, and inflammation. Resident #2 was seen on this date which revealed Resident #2 had swelling around tooth #21 which was</p>	F 684			

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F 684	<p>Continued From page 26</p> <p>inflammation of some sort but not currently an abscess.</p> <p>According to a pain assessment documented on the June MAR, on 6/15/22, Resident #2 was identified to have reached a pain level of a #7 and analgesics were not provided.</p> <p>According to a pain assessment documented on the June MAR, on 6/22/22, Resident #2 was identified to have reached a pain level of a #7 and analgesics were not provided.</p> <p>An observation and interview with Resident #2 were made on 08/04/22 at 2:57 PM. Resident #2 opened his mouth and smiled which revealed all visible teeth appeared to be yellow and brown stained, and jagged and irregularly shaped tooth fragments. Resident #2 vocalized he needed to see the dentist to have his teeth extracted because of the poor dental hygiene. He expressed his mouth had hurt when he had an abscess prior which had caused him to have difficulty chewing when this occurred.</p> <p>A telephone interview was conducted with NP #1 on 08/04/22 at 1:17 PM. The interview revealed NP #1 recalled Resident #2 having an oral abscess last fall; however, she thought it was assessed and handled by the in-house dentist at the time (exact date unknown as she no longer has access to the electronic medical record for Resident #2). NP #1 explained Resident #2 had vocalized concerns with his poor oral dentition and any delays in care could cause potential adverse effects to Resident #2.</p> <p>An interview was conducted with the Regional Nurse Consultant (RNC) on 08/04/22 at 2:50 PM.</p>	F 684			

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F 684	<p>Continued From page 27</p> <p>The interview revealed she had been made aware of concerns regarding Resident #2's delay in dental care. However, she had no further knowledge of delays in dental care or knowledge of a pending dental appointment at that time.</p> <p>A follow-up interview with RNC on 08/05/22 at 9:00 AM confirmed Resident #2 had been scheduled on 08/04/22 for a pending oral surgeon appointment on 08/16/22.</p> <p>An interview was conducted via phone with Administrator #1 on 08/04/22 at 5:10 PM. The interview revealed she recalled being made aware of Resident #2's poor oral dentition; however, she was not aware Resident #2 experienced pain or abscess as a result nor recall of any pending dental appointments.</p> <p>An interview was conducted with the Medical Director (MD) on 08/05/22 at 3:50 PM. The interview revealed she had not assessed Resident #2 when his oral abscess occurred as Resident #2's dental care needs were handled by the in-house dental provider at the time but was made aware they had occurred. The MD stated, when a delay in care occurred, it could result in recurrent oral abscesses and could be a "detriment" to his health status. She also vocalized serious adverse outcomes could have occurred to Resident #2 related to his poor oral hygiene if left untreated could have resulted in sepsis from the abscess or endocarditis from untreated dental caries.</p> <p>The facility was notified of immediate jeopardy on 08/05/22 at 8 PM.</p>	F 684			
F 791 SS=K	Routine/Emergency Dental Srvcs in NFs	F 791		8/15/22	

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F 791	<p>Continued From page 28 CFR(s): 483.55(b)(1)-(5)</p> <p>§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. 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>	F 791			

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F 791	Continued From page 29 §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. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and Nurse Practitioner (NP), Medical Director (MD), oral surgeon office manager (OM), staff, family, and resident interviews, the facility failed to obtain STAT (without delay) dental services for Resident #1 as ordered by NP #1 on 10/21/21 due to a tooth abscess. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. The facility failed to obtain dental services for extractions. Both Resident #1 and Resident #2 were treated for tooth abscesses with oral antibiotics and they experienced pain from the infections which decreased their appetite per resident interviews. Despite subsequent requests by the dentist and the medical providers, Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22 and Resident #2's was scheduled on 8/4/22 (after the survey began) for 8/16/22. The delay in dental services put Resident #1 and Resident #2 at risk for sepsis or endocarditis. This deficient practice occurred for 2 of 3 residents reviewed for dental services (Resident #1 and Resident #2). Immediate Jeopardy began on 10/12/21 when the	F 791	F 791- Dental Services 1. Resident #1 has broken and decayed teeth requiring an oral surgeon for extraction. On 10/21/21 an order was written for a STAT dental visit due to an abscess She was seen by the In-House dentist 12/21 and extractions were recommended. The resident prefers this procedure occur with IV sedation and refuses other alternatives. The facility provided a note dated 8/4/22 explains there are no Oral Surgeons in the local market that accept Medicaid for teeth extractions requiring IV sedation. The resident's spouse met with the current Administrator regarding dental services and an appointment was made for August 23rd for the oral surgeon. Resident #2 has broken, decayed teeth. On 10/6/21 an order was written to consult oral surgeon related to dental extractions. The resident prefers this procedure occur with IV sedation and refuses other alternatives. There are no Oral Surgeons in the local market that accept Medicaid for teeth extractions requiring IV sedation. On 6/14/22- he was seen by the in-house dentist who stated there was swelling around tooth #21 but does not appear to be an abscess and Resident #2 stated he		

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F 791	<p>Continued From page 30</p> <p>facility failed to obtain dental services for Resident #2 for the extraction of all remaining teeth. The immediate jeopardy is present and ongoing.</p> <p>Findings included:</p> <p>Resident #1 was re-admitted to the facility on 07/09/21 with diagnosis that included anemia and diabetes.</p> <p>A quarterly MDS dated 10/3/21 revealed Resident #1 was cognitively intact, had no rejection of care, and required limited assistance by staff with personal hygiene. It further revealed Resident #1 had received pain medications; however, it had not limited her day-to-day activities as a result of the pain rating it as mild and she had received 4 days of opioid medications for pain management. The MDS indicated Resident #1 had no mouth or facial pain, discomfort, or difficulty with chewing.</p> <p>A nurse's note dated 10/20/21 revealed Resident #1 had complained of tooth pain and her left lower jaw was swollen and warm to the touch. It also indicated a note was left in the providers book (a communication binder used between the facility staff and the medical provider to alert the MD or NP that changes occurred to a resident) about the condition.</p> <p>A Situation-Background-Assessment-Recommendation (SBAR) form (a tool used by nurses to facilitate prompt and appropriate communication to a medical provider) dated 10/21/21 revealed Resident #1 had pain and inflammation in the left cheek.</p>	F 791	<p>wanted to wait for IV sedation for extractions. On 8/4/22 the Regional Nurse Consultant scheduled an appointment with the local oral surgeon after the resident #2 daughter was able to persuade him to consider Nitrous Oxide as alternative to IV sedation.</p> <p>2. All other residents have the potential to be affected. On 8/7/22, the Nurse Managers completed a review of all current resident medical records to identify physician's orders for dental care and ensure these have been completed and to identify dental visit status, including the last dental visit, follow up recommended and validation of scheduled appointments. On 8/7/22, additional residents requiring dental follow-up were identified. On 8/11/22, the Director of Nursing confirmed the next scheduled on-site Dental Clinic with Auria Dental on 8/16/22.</p> <p>3. On 8/7/22, the Director of Nursing completed re-education of the Unit Managers and Licensed Nurses, including agency staff regarding the process for communicating new physician orders for dental services to the Director of Nursing (DON).</p> <p>The process is as follows:</p> <ul style="list-style-type: none"> Licensed nurses will enter orders received for dental services into electronic medical record. The Unit Manager will print the dental services orders and review with the DON 		

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F 791	<p>Continued From page 31</p> <p>A provider note dated 10/21/21 written by NP #1 indicated Resident #1 was seen for a sick visit on that date due to swelling of the face related to a tooth infection. The note also indicated Resident #1's left cheek and jaw were noticeably swollen and that Resident #1 had expressed the area was painful which resulted in Resident #1 being resistive to allowing a full examination by the NP; however, Resident #1 did open her mouth slightly which allowed the left lower gum to be visualized which was shown to be swollen with obvious signs of infection. Resident #1 refused testing (labs and/or x-rays) at that time but agreed to oral antibiotics and to see the dentist.</p> <p>A review of Resident #1's physician's order revealed two orders dated 10/21/21. They read as follows:</p> <ol style="list-style-type: none"> Please schedule a STAT (a medical term used to mean immediately or without delay) dental appointment for infected tooth. Amoxicillin tablet 875-125mg (milligram) (an antibiotic medication taken by mouth used to treat an infection): administer one tablet by mouth every 12 hours for 10 days for tooth abscess. <p>A provider note dated 10/22/21 written by NP #1 indicated Resident #1 was seen for a follow-up to the infected tooth-abscess. The note revealed swelling to Resident #1's jaw had decreased substantially and swelling to the face had dramatically decreased and antibiotics appeared to have begun to work.</p> <p>A nurses note written by Nurse #2 dated 10/24/21 revealed Resident #1 remained on antibiotic therapy but continued to complain of pain to the</p>	F 791	<p>and Medical Records Director during the daily Clinical Morning Meeting.</p> <ul style="list-style-type: none"> The Medical Records Director will report on scheduling and completion of dental services appointments during the daily Clinical Stand Down Meeting. The Medical Records Director will report any difficulties with scheduling to the DON daily for resolution. The DON will keep a master log of residents receiving dental services and update daily during the Clinical morning meeting. This log will be used to track outside scheduled appointments and in-house dental appointments. The DON will reconcile this log daily by validating outside dental appointments and in-house dental appointments attendance. <p>The Director of Nursing will ensure no staff will work without receiving this education. Any new hires, including agency staff will receive education prior to the start of their shift.</p> <p>On 8/7/22, the Regional Director of Clinical Services completed re-education of the Director of Nursing, Nurse Managers, and the Administrator regarding the clinical morning meeting process to include a review of the Physician Order Listing report for residents with physician orders for dental services to validate dental services are scheduled and these orders completed. The DON will review documentation daily from outside dental appointments and in-house dental appointments to ensure</p>		

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F 791	<p>Continued From page 32 tooth.</p> <p>A provider note dated 10/25/21 written by NP #1 indicated Resident #1 was again seen to follow-up on the left lower jaw tooth abscess and infection and stated Resident #1's jaw pain swelling had decreased significantly. The note indicated she was unsure of a time for any dental appointments scheduled by the facility.</p> <p>A nurses note written by Nurse #3 dated 10/26/21 indicated Resident #1 continued on antibiotics and complained of breakthrough pain.</p> <p>A nurses note written by Nurse #2 dated 10/27/21 indicated Resident #1 continued on antibiotic therapy and complained of oral pain.</p> <p>A dental hygienist note dated 11/02/21 indicated Resident #1 was seen in-house for mouth or facial pain, discomfort, or difficulty with chewing. The note further indicated Resident #1 had several root tips and fractured teeth including teeth #9, 10, 11, 12, 20, 25 and 31. Resident #1 planned to have all non-restorable teeth extracted by the oral surgeon.</p> <p>A provider note dated 11/8/21 written by NP #1 indicated Resident #1 was seen and was awaiting an appointment to be scheduled for dental extractions.</p> <p>A provider note dated 11/8/21 written by the Medical Director (MD) indicated Resident #1 was seen and was awaiting an appointment to be scheduled due to an abscess.</p> <p>A dentist note dated 12/1/21 indicated Resident #1 was seen in the facility on a routine periodic</p>	F 791	<p>dental service recommendations from the dental provider and physician are implemented.</p> <p>4. The Director of Nursing/Designee will complete a Dental Audits 5 times weekly x 4 weeks, 3 times weekly x 4 weeks, then 2 times weekly x 4 weeks. The results of the Dental Audit will be reported to the QAPI Committee monthly x 3 for review and revision of the plan.</p> <p>5. The date of compliance is 8-15-2022.</p>		

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F 791	<p>Continued From page 33</p> <p>exam. It further indicated Resident #1 had root tips to tooth #9, 10, 11, 12, 20, 25 and 31 as well as decay and fractures to tooth #21, 22, 23 and #24 and heavy calcification located in the mouth. Recommendations were made that Resident #1 maintain oral hygiene and be referred for x-rays and extractions of all teeth as all root tips needed to be extracted.</p> <p>A quarterly MDS dated 1/2/22 indicated Resident #1 had no dental abnormalities.</p> <p>A provider note dated 1/6/22 written by NP #1 revealed Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>A provider note dated 3/16/22 written by NP #3 revealed Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>An annual MDS dated 4/2/22 indicated Resident #1's oral status was not examined, but all areas documented had no abnormalities to include broken teeth or oral caries.</p> <p>A nurses' note dated 4/7/22 indicated Resident #1 was on the list to see the in-house dentist on 4/11/22.</p> <p>A dentist note dated 4/11/22 indicated Resident #1 was seen by the in-house dentist who documented Resident #1 had expressed she had an abscess a couple weeks ago. It further detailed, upon examination of Resident #1's mouth on that date, an antibiotic was ordered secondary to a pressure building up similar in the left side of her lip as it had when the previous abscess had occurred. It also mentioned Resident #1's teeth were all decayed or root tips</p>	F 791			

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F 791	<p>Continued From page 34</p> <p>which needed to be removed by an oral surgeon. A referral was made on 04/11/22.</p> <p>A review of Resident #1's physician's orders revealed an order dated 4/11/22. The order read as follows: Amoxicillin 500mg; give one tablet three times a day for 10 days for oral abscess.</p> <p>A modified quarterly MDS dated 5/12/22 indicated Resident #1 had no dental abnormalities.</p> <p>A provider note dated 7/14/22 written by the MD indicated she was seen and the provider discussed with the resident and family present concerns regarding Resident #1's dental status. The discussion included the fact Resident #1 had been seen by an in-house dentist and the facility was in a process to get the appointment scheduled. This would be further discussed with the facility scheduler regarding further details. The note included a notation that Resident #1 continued to have poor dentition with multiple broken teeth.</p> <p>A formal grievance was filed on 07/14/22 by Family Member (FM) #1 regarding Resident #1's dental care follow-up. The stated findings include appointment needed to be arranged. The resolution provided for the grievance was dated 07/22/22 and indicated an appointment was scheduled on 08/23/22 for a dental evaluation for extractions with intravenous (IV) sedation by an oral surgeon.</p> <p>An interview was conducted via phone with Family Member #1 (FM) on 08/05/22 at 8:34 AM. The interview revealed FM #1 had significant unresolved concerns regarding Resident #1's "neglected" dental hygiene by the facility and lack</p>	F 791			

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F 791	<p>Continued From page 35</p> <p>of her having her teeth extracted despite repeated recommendations and provider referrals. FM #1 stated they had been expressing concerns about Resident #1's declining oral hygiene and poor dentition since early 2021 and Resident #1 had yet to have the extractions performed. FM #1 further stated they were very upset that she arrived at the facility in 2020 with "perfect" teeth that were not broken or missing and no cavities were present and Resident #1's teeth were presently all broken off and in "terrible" shape. FM #1 vocalized they had been told by a staff member (unable to recall) that her poor oral hygiene could possibly be making Resident #1 "get sick more often." FM #1 voiced dissatisfaction and serious concern that without prompt resolution, Resident #1's would continue to decline and she would have to suffer further. When asked if FM #1 was aware of the scheduled appointment on 08/23/22, they stated "no, I was only told an appointment would be made." FM #1 explained they were not made aware of the date/time/location of the scheduled appointment. FM #1 stated the facility had not discussed Resident #1's payor source as being a concern for delays in Resident #1's oral surgery provider appointments.</p> <p>An observation and interview with Resident #1 were conducted on 08/03/22 at 3:18 PM. Resident #1 opened her mouth and smiled which revealed all visible teeth appeared to be yellow and brown stained and had multiple missing and jagged-irregularly shaped tooth fragments. Resident #1 vocalized she really needed to see the dentist to have her teeth extracted because she had multiple oral infections which had caused her pain, facial swelling, and at times, caused her to have difficulty chewing which made her not</p>	F 791			

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F 791	<p>Continued From page 36</p> <p>want to eat as much when this occurred.</p> <p>An interview was conducted with the former Transportation Aide/Appointment Scheduler (TA #1) on 08/04/22 at 9:10 AM. The interview revealed he had been the transportation aide until about a month ago. TA #1 explained Resident #1's appointment had recently been scheduled with a local oral surgeon for 08/23/22. TA #1 vocalized there had not been any delays in transportation such as the van being unavailable which delayed her appointment being scheduled and care provided.</p> <p>Review of the facility's appointment book on 8/4/22 revealed Resident #1 had an appointment with the oral surgeon on 8/23/22.</p> <p>An interview was conducted with the current TA (TA #2) on 08/04/22 at 9:40 AM. The interview revealed TA #2 had started in May 2022 and continued to require assistance from TA #1 at times to schedule appointments. TA #2 indicated she recently became aware that Resident #1 needed her teeth pulled and an appointment would need to be made. TA #2 could not recall the date she was notified, but she scheduled the appointment for 08/23/22 at 7:30 AM.</p> <p>An interview conducted with Office Manager (OM) of the oral surgery office on 08/10/22 at 9:06 AM revealed Resident #1 had a pending appointment on 08/23/22 at 7 AM which was made by the facility on 07/21/22.</p> <p>An interview was conducted with NP #1 on 08/04/22 at 1:17 PM. The interview revealed NP #1 recalled assessing Resident #1 for an oral abscess in the fall of 2021 (exact date unknown</p>	F 791			

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F 791	<p>Continued From page 37</p> <p>as she no longer had access to the electronic medical record for Resident #1). NP #1 indicated Resident #1 was assessed with significant swelling to her face and jaw from a "terrible abscess" which she placed Resident #1 on antibiotic therapy and requested a STAT dental consult. NP #1 elaborated to indicate Resident #1's family had asked on multiple occasions why Resident #1 had not yet been seen to have her teeth extracted and was told by the previous Administrator (Administrator #2) no further appointments would be made secondary to her initial refusal in early 2021. NP #1 explained when she provided the facility with an order for any care to be provided "STAT" she would expect arrangements to be made within a week to prevent any potential complications to the resident. The was able to validate it put Resident #1 at increased risk of potential medical illness.</p> <p>An interview was conducted with the Regional Nurse Consultant (RNC) on 08/04/22 at 2:50 PM. The interview revealed she had been made aware of delays regarding Resident #1's dental care. She stated to her knowledge an appointment had been made for 08/23/22 as a result of a grievance filed with the current Administrator by Resident #1's family in July 2022. However, she had no further knowledge of delays in dental care at that time.</p> <p>An interview was conducted via phone with the Administrator #1 on 08/04/22 at 5:10 PM. The interview revealed she recalled speaking to Resident #1's family during a visit in the facility (date unknown). Administrator #1 stated she had an approximately 45-minute discussion with Resident #1's family member regarding unresolved concerns voiced about Resident #1's</p>	F 791			

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F 791	<p>Continued From page 38</p> <p>dental status. Administrator #1 expressed the family was very upset and angry the issue had not been addressed because Resident #1 had admitted to the facility with "pretty teeth" and had always been "very prideful about her appearance and teeth." The interview further revealed Administrator #1 had written up the grievance filed by FM #1 and knew an appointment had been made but didn't know the date at the time of the interview.</p> <p>An interview was conducted with the Medical Director (MD) on 08/05/22 at 3:50 PM. The interview revealed she had not assessed Resident #1 when her first or second oral abscess occurred as Resident #1's dental care needs were handled by NP #1 and the in-house dentist at the time but was made aware they had occurred. She indicated she had spoken to the family at times regarding their ongoing concerns with Resident #1's oral care and the need for extractions. The MD explained when an order is written for a "STAT" referral, the appointment should be promptly made. She did not feel the routine visit by the in-house dentist on 12/1/21 would be considered a reasonable follow-up to a "STAT" order written on 10/21/21. She elaborated that Resident #1 not being provided prompt care for recurrent oral abscesses could be a "detriment" to her health status. She also vocalized serious adverse outcomes could have occurred to Resident #1 related to her poor oral hygiene if left untreated could have resulted in sepsis from the abscesses or endocarditis from untreated dental caries. The MD had initially contributed Resident #1's pneumonia to lying in the bed and not wanting to get up.</p> <p>2. Resident #2 was admitted to the facility on</p>	F 791			

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F 791	<p>Continued From page 39</p> <p>04/14/16 with diagnosis that included hemiplegia following a nontraumatic intracerebral hemorrhage affecting the right dominant side.</p> <p>A provider note written dated 9/27/21 by the Medical Director (MD) indicated an oral assessment that revealed Resident #2 had poor oral dentition with multiple broken teeth and multiple dental caries. The note further indicated Resident #2 had voiced he had been unable to obtain his dental extractions secondary to anesthesia issues and the MD wrote she needed to obtain further details from the social worker and refer Resident #2 to a dentist who can perform this procedure.</p> <p>A review of Resident #2's physician's orders revealed an order dated 10/6/21. The order read as follows:</p> <p>Please consult an oral surgeon for extractions.</p> <p>A dentist note dated 10/12/21 indicated Resident #2 had root tips for teeth #2, 9, 10, 12, 13, 14, 30 and 31. Resident #2 had non-restorable teeth #6-8, 11, 25 and 26. He had visual heavy plaque, calculus, and inflammation. Resident #2 was seen on this date for a routine oral exam which revealed he had an abscess to tooth #3. The note further explained Resident #2 had requested all remaining teeth extracted and a oral surgeon referral was made for a full mouth series and he was placed on oral antibiotics for the abscess.</p> <p>A review of Resident #2's physician's orders revealed an order dated 10/12/21. The order read as follows: Amoxicillin 500 mg tablet: give one tablet three times daily for 10 days for an infected tooth.</p>	F 791			

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F 791	Continued From page 40 A review of Resident #1's Medication Administration Record (MAR) dated October 2021 indicated the antibiotic for the infected tooth was not started until 10/14/21 and indicated see a nurses note dated for 10/13/21; however, no nurses notes were located in Resident #2's medical record related to the site of pain nor delay in starting the oral antibiotic as ordered. It further indicated he received pain medications on 10/11/21 and 10/13/21 at bedtime. A nurse note written by Nurse # 10 dated 10/14/21 indicated Resident #2 was started on antibiotic therapy for a tooth infection with no reports of pain. A quarterly MDS dated 10/24/21 indicated Resident #2 had no oral/dental abnormalities. A provider noted dated 1/19/22 written by the MD indicated Resident #2 had requested he be referred to dentistry due to his teeth breaking and would like them extracted; however, the dentist who evaluated him previously could not offer him sedation which he preferred. It further indicated Resident #2 had multiple broken teeth and multiple dental caries. Recommendations included Resident #2 undergo a whole mouth extraction of remaining teeth and the MD would discuss with administration as Resident #2 reported difficulty eating and may contribute to medical decline if he stops eating. The MD said she had discussed with the previous Administration at some point; however, she did not recall any dates when discussion had taken place. An annual MDS dated 1/23/22 indicated Resident	F 791			

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F 791	<p>Continued From page 41</p> <p>#2 had no oral/dental abnormalities.</p> <p>A formal grievance filed on 2/11/22 by Resident #2 revealed he would like his teeth removed. The investigation was completed by Administrator #2 and the findings included medical records contacted a local oral surgeons office to schedule an appointment for Resident #2 to have extractions in May 2021. The former Transportation Aide/Appointment Scheduler (TA #1) was informed the previous dental office was unable to accommodate residents' preference to have extractions under sedation and should reach out to another provider. Resolution included oral surgery was unable to accommodate the procedure and the facility was to check back next month (April).</p> <p>A progress note written by TA #1 dated 3/1/22 indicated Resident #2 had a need for the remainder of his teeth be extracted. The note further indicated Resident #2 had been seen previously by a local oral surgeon's office but was unable to have extractions on the date of the appointment due to Resident #2's request to have the extractions performed under sedation. The same oral surgeon was again contacted on 3/1/22 and TA #1 was told the oral surgeon's office would be unable to sedate Resident #2 due to the severity of his needs. The note further detailed TA #1 contacted multiple oral surgeon's offices around the city of the facility, but none took Medicaid or did not see long term care residents. One office indicated they took long term care residents, but they were currently not making appointments for Medicaid patients due to an overwhelming number of consults. The office advised TA #1 to call back the next month and the note indicated TA #1 would follow-up</p>	F 791			

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F 791	<p>Continued From page 42 because all other options have been exhausted.</p> <p>A review of Resident #2's medical record revealed no further notes after 3/1/22 to indicate additional efforts had been made by TA #1 to schedule an oral surgery appointment for Resident #2.</p> <p>A quarterly MDS dated 4/22/22 indicated Resident #2 had no dental abnormalities.</p> <p>A quarterly MDS dated 5/11/22 indicated Resident #2 had no dental abnormalities.</p> <p>A dentist noted dated 6/14/22 indicated Resident #2 had root tips for teeth #2, 9,10, 12, 13, 14, 30 and 31. Resident #2 had non-restorable teeth #6-8, 11, 25 and 26. He had visual heavy plaque, calculus, and inflammation. Resident #2 was seen on this date which revealed Resident #2 had swelling around tooth #21 which was not currently an abscess. It further revealed Resident #2 wanted to have extractions completed; however, he wanted to be sedated and the facility has been unable to locate an office that can do treatment so he has waited. The dentist recommended the facility monitor around tooth #21 as well as daily brushing of teeth twice daily, floss daily, and mouth rinse if appropriate.</p> <p>A follow-up formal grievance dated 7/13/22 filed on behalf of Resident #2 by his family was made with the facility at the corporate office level. The concern revealed the family member had expressed concerns a few months prior that she was told would be investigated, but she had not heard from the facility regarding the concerns. The concern listed Resident #2's dental status with questions to include- had he been seen by</p>	F 791			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345128	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/10/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677		
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F 791	<p>Continued From page 43</p> <p>the dentist and told that the teeth needed to be extracted and went to the oral surgeons' office previously who had told him they could not remove the teeth while he was in the wheelchair and no staff member was present to transfer him. The resolution included: a phone call made by the Social Work Director and message left for Resident #2's family member which indicated when it comes to his dental appointment, Resident #2 required sedation and the only available oral surgeon was not taking new Medicaid patients at this time. The grievance did not include a resolution date attached. No appointment was made for Resident #2 until 8/4/22.</p> <p>An observation and interview with Resident #2 were made on 08/04/22 at 2:57 PM. Resident #2 opened his mouth and smiled which revealed all visible teeth appeared to be yellow and brown stained and had multiple missing and jagged-irregularly shaped tooth fragments. Resident #2 vocalized he needed to see the dentist to have his teeth extracted because of the poor dental hygiene. He expressed his mouth had hurt when he had an abscess prior which had caused him to have difficulty chewing when this occurred.</p> <p>An interview was conducted with the former Transportation Aide/Appointment Scheduler (TA #1) on 08/04/22 at 9:10 AM. The interview revealed he had been the transportation aide until about a month ago. He explained Resident #2 had not had any recent outside dental/oral surgeon appointments scheduled with a local oral surgeon due to no one took Resident #2's payor source (Medicaid) anymore. TA #1 said he had reached out to oral surgeons in the county of the</p>	F 791			

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F 791	<p>Continued From page 44</p> <p>facility but had not broadened his search further. TA #1 was unable to verify if further follow-up had been made to locate a provider to perform Resident #2's extractions after 3/1/22.</p> <p>An interview was conducted with the current TA (TA #2) on 08/04/22 at 9:40 AM. The interview revealed TA #2 had started in May 2022 and continued to require assistance from TA #1 at times to schedule appointments. TA #2 indicated she recently became aware that Resident #2 needed his teeth pulled and was told by TA#1 that there were no local oral surgeons in the area which took Resident #2's payor source and therefore had not made attempts to schedule any oral surgeon appointments for Resident #2.</p> <p>An interview was conducted with NP #1 on 08/04/22 at 1:17 PM. The interview revealed NP #1 recalled Resident #2 having an oral abscess last fall; however, she thought it was assessed and handled by the in-house dentist at the time (exact date unknown) as she no longer has a contract with the facility. NP #1 explained Resident #2 had concerns with his poor oral dentition and when an order was provided, she expected them to be followed and initiated at the time of the order. Delays in care could cause potential adverse effects to Resident #2.</p> <p>An interview was conducted with the Regional Nurse Consultant on 08/04/22 at 2:50 PM. The interview revealed she had been made aware of delays regarding Resident #2's dental care. She stated to her knowledge no appointment had been made secondary to local oral surgeon' offices were no longer taking Resident #2's payor source. However, she had no further knowledge of delays in dental care at that time.</p>	F 791			

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F 791	Continued From page 45 A follow-up interview with RNC on 08/05/22 at 9:00 AM confirmed Resident #2 had been scheduled on 08/04/22 for a pending oral surgeon appointment on 08/16/22. An interview was conducted via phone with the current Administrator on 08/04/22 at 5:10 PM. The interview revealed she recalled being made aware of Resident #2's poor oral dentition; however, she had been told the local oral surgeons would not accept Resident #2's payor source and therefore could not have his teeth extracted under IV sedation. An interview was conducted with the Medical Director (MD) on 08/05/22 at 3:50 PM. The interview revealed she had not assessed Resident #2 when his first oral abscess occurred as Resident #2's dental care needs were handled by the in-house dental provider at the time but was made aware they had occurred. The MD stated when an order was provided for a referral or consult, she expects an appointment to be scheduled or notified if there were delays which would result in prolonging care ordered by the provider. She elaborated that Resident #2 not being provided prompt care for recurrent oral abscesses could be a "detriment" to his health status. She also vocalized serious adverse outcomes could have occurred to Resident #2 related to his poor oral hygiene if left untreated could have resulted in sepsis from the abscess or endocarditis from untreated dental caries. The facility was notified of the immediate jeopardy on 08/05/22 at 8 PM.	F 791			
F 835 SS=K	Administration	F 835		8/15/22	

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F 835	<p>Continued From page 46 CFR(s): 483.70</p> <p>§483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and Nurse Practitioner (NP), Medical Director (MD), oral surgeon office manager (OM), staff, family, and resident interviews Administration failed to provide leadership and oversight to facility staff to ensure dental referrals for abscesses and extractions were scheduled for residents as recommended by the dentist and ordered by the Physician. The Administration failed to have an effective process that involved the interdisciplinary team and explored all options to ensure needed care and services were provided for residents.</p> <p>Immediate Jeopardy began on 10/12/21 when the facility failed to have systems in place to obtain dental services for Resident #2 for the extraction of all remaining teeth. Immediate jeopardy is present and ongoing.</p> <p>Findings included:</p> <p>This tag is cross referred to F684 and 791.</p> <p>F684 - Based on observations, record reviews and resident, staff, Nurse Practitioner (NP), and Medical Director (MD) interviews, the facility failed to ensure residents' well-being by not providing care and services to prevent oral abscesses and</p>	F 835	<p>F 835- Administration</p> <ol style="list-style-type: none"> The Administration failed to provide leadership and oversight to the facility staff to ensure that Physician ordered dental consults were completed. There were no effective systems to manage referrals and Physician's orders for consults with an oral surgeon and follow through with recommendations for needed services. The lack of effective systemic process resulted in residents experiencing pain, infection, and difficulty eating. All residents have the potential to be affected. On August 8, 2022, the Nurse Managers audited all current residents' medical records for physician orders related to dental care services to identify dental visit status, last dental visit, follow-up recommendations, and validation of scheduled appointments. No additional residents were identified. On August 8, 2022, the Regional Director of Operations (RDO) educated the Administrator on the facility ensuring care and services are provided for the residents to include dental services. The 		

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F 835	Continued From page 47 unresolved dental pain for 2 of 3 (Resident #1 and Resident #2). Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. Resident #2 reported a pain level of 7 on a scale of 1-10 (10 being the worst pain) several days before and while the abscess was being treated. A dentist noted dated 6/14/22 indicated Resident #2 had swelling around a tooth #21 which was inflammation but not currently an abscess. Resident #2 reported a pain level of 7 on two occasions after this visit from the dentist. Resident #1 was seen by NP #1 on 10/21/21 and was prescribed antibiotics for a tooth abscess and a STAT (without delay) dental appointment for the abscess was requested. Resident #1 reported a pain level ranging from 7-10 from 10/21/21 through 10/27/21. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #1 was seen by the dentist on 4/11/22 and reported pressure similar to when a previous abscess had occurred. Resident #1 was prescribed an antibiotic for the abscess and reported a pain level ranging from 8-10 from 04/07/22 through 4/15/22. Resident #2's was scheduled on 8/4/22 (after the survey began) for 8/16/22 and Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22. F791- Based on observations, record reviews and Nurse Practitioner (NP), Medical Director (MD), oral surgeon office manager (OM), staff, family, and resident interviews, the facility failed to obtain STAT (without delay) dental services for Resident	F 835	Regional Director of Clinical Services (RDCS) educated the Director of Nursing (DON) and Nurse Managers on the facility's revised process for managing in-house and outside dental services. The revised process of dental care and services will be validated during daily Stand-Up meeting with the Interdisciplinary Team (IDT) to include Nursing Administration, Social services Director, Dietary Manager, Director of Rehabilitation, and Medical Records Coordinator/Transportation Aide to review status of outstanding dental services needed. This education included the verification of services provided (appointments scheduled) per physician orders. 4. The RDO and RDCS will provide onsite support and validation using a QA tool of daily Stand-Up/QAPI meetings to validate oral care and follow-up services are provided timely and effectively per physician orders. The QA monitoring will be completed twice weekly x 4 weeks, then weekly x 8 weeks. QAPI meetings will be held weekly x 4 weeks, then monthly on-going including the NHA, DON, RDO, RDCS, and VP of Regulatory will be held to ensure compliance with outstanding regulatory issues, new concerns identified and plans for improvement. 5. The date of compliance is 8/15/22.		

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F 835	Continued From page 48 #1 as ordered by NP #1 on 10/21/21 due to a tooth abscess. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. The facility failed to obtain dental services for extractions. Both Resident #1 and Resident #2 were treated for tooth abscesses with oral antibiotics and they experienced pain from the infections which decreased their appetite per resident interviews. Despite subsequent requests by the dentist and the medical providers, Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22 and Resident #2's was scheduled on 8/4/22 (after the survey began) for 8/16/22. The delay in dental services put Resident #1 and Resident #2 at risk for sepsis or endocarditis. This deficient practice occurred for 2 of 3 residents reviewed for dental services (Resident #1 and Resident #2).	F 835			
F 867 SS=E	Facility administration was notified of immediate jeopardy on 08/05/22 at 8:00 PM. QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced	F 867		8/15/22	

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F 867	Continued From page 49 by: Based on observations, record review, and staff interviews, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor the interventions that the committee put in place for a deficiency for Grievances which was cited during a complaint investigation survey conducted on 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Accuracy of Assessments which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Quality of Care which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for Administration which was cited during the recertification and complaint investigation survey completed on 9/3/21, the complaint investigation completed 2/23/22 and the facility's current revisit and complaint investigation survey conducted on 8/10/22. For a deficiency for QAPI/QAA which was cited during a complaint investigation survey conducted on 2/23/22, the revisit and complaint investigation survey conducted on 4/1/22 and 5/25/22, and the facility's current revisit and complaint investigation survey conducted on 8/10/22. The continued	F 867	F867- QAPI/QAA Improvement Activities 1. On August 10, 2022, the Quality Assurance Committee met and reviewed the purpose and function of the Quality Assurance Performance (QAPI) Committee as well as the on-going compliance issues regarding F585, F641, F684, F791, and F835. 2. On August 10, 2022, the Regional Director of Operations educated the Nursing Home Administrator (NHA) on the appropriate functioning of the QAPI Committee and the purpose of the Committee to include identifying and correcting repeat deficiencies related to, F585, F641, F684, F791, and F835. Education included identifying other areas of concern during the Quality Improvement (QI) process, for example: review of grievance/concern logs, review of rounding tools, daily review of Point Click Care documentation, and observation during leadership rounds. 3. On August 10, 2022, the Administrator educated the QAPI committee members consisting of, the Medical Director, Director of Nursing, Assistant Director of Nursing, Infection Preventionist, Unit Coordinators, Medical Records/Transportation Aide, Business Office Manager, Minimum Data Set (MDS) Nurses, Wound Nurse, Activities Director, Dietary Manager, Director of Rehabilitation, Social Worker, Maintenance Director, Environmental Services Director, and Pharmacy Consultant at (minimum quarterly), on a		

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F 867	<p>Continued From page 50</p> <p>failures of the facility during five federal surveys of record show a pattern of the facility's inability to sustain an effective Quality Assurance Program.</p> <p>The findings included:</p> <p>This tag is cross referred to:</p> <p>F585- Based on observations, record reviews, resident, family and staff interview, the facility failed to provide written response for resolutions to grievances for 2 of 2 residents reviewed for grievances (Resident #1 and Resident #2).</p> <p>During the complaint survey dated 2/23/22, this regulation was cited for failure to address filed grievances for 1 of 1 resident reviewed for grievances.</p> <p>F641- Based on observation, record reviews, and resident and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) for 2 of 2 resident's reviewed for dental services (Resident #1 and Resident #2).</p> <p>During the complaint survey dated 2/23/22, this regulation was cited for failure to accurately code an admission minimum data set assessment for height and discharge planning for 1 of 3 residents reviewed.</p> <p>During the recertification survey on 09/03/21, this regulation was cited for failure to accurately code the Minimum Data Set (MDS) for 1 of 2 residents reviewed for discharge, for 1 of 5 residents reviewed for unnecessary medications, and for 1 of 5 residents reviewed for resident assessment.</p> <p>F684- Based on observations, record reviews and</p>	F 867	<p>weekly QA review of audit findings for compliance and/or revision needed. In addition to weekly QA meetings, the QAPI committee will continue to meet monthly.</p> <p>4. The monitoring procedure to ensure the plan of correction is effective and specific cited deficiencies remains corrected and/or in compliance with the regulatory requirements is oversight by corporate staff monthly x 3. Corporate oversight will validate the facility's progress, review corrective actions and dates of completion. The Administrator will be responsible for ensuring QAPI committee concerns are addressed through further training or other interventions.</p> <p>5. The date of compliance is 8/15/22.</p>		

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F 867	Continued From page 51 resident, staff, Nurse Practitioner (NP), and Medical Director (MD) interviews, the facility failed to ensure residents' well-being by not providing care and services to prevent oral abscesses and unresolved dental pain for 2 of 3 residents (Resident #1 and Resident #2). Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. Resident #2 reported a pain level of 7 on a scale of 1-10 (10 being the worst pain) several days before and while the abscess was being treated. A dentist note dated 6/14/22 indicated Resident #2 had swelling around a tooth #21 which was inflammation but not currently an abscess. Resident #2 reported a pain level of 7 on two occasions after this visit from the dentist. Resident #1 was seen by NP #1 on 10/21/21 and was prescribed antibiotics for a tooth abscess and a STAT (without delay) dental appointment for the abscess was requested. Resident #1 reported a pain level ranging from 7-10 from 10/21/21 through 10/27/21. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #1 was seen by the dentist on 4/11/22 and reported pressure similar to when a previous abscess had occurred. Resident #1 was prescribed an antibiotic for the abscess and reported a pain level ranging from 8-10 from 04/07/22 through 4/15/22. Resident #2's dental appointment was scheduled on 8/4/22 (after the survey began) for 8/16/22 and Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22.	F 867			

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F 867	<p>Continued From page 52</p> <p>During the complaint survey dated 2/23/22, this regulation was cited for failure to follow physician orders for treatment to a venous stasis ulcer, to follow physician order for treatment to a diabetic foot ulcer and to follow physician order for treatment of surgical wounds for 3 of 5 residents reviewed.</p> <p>During the recertification survey on 09/03/21, this regulation was cited for failure to hold an anticoagulation medication as ordered for 1 of 5 residents reviewed for unnecessary medications and failed to provide a daily treatment as ordered for 1 of 1 resident reviewed for skin condition.</p> <p>F791- Based on observations, record reviews and Nurse Practitioner (NP), Medical Director (MD), oral surgeon office manager (OM), staff, family, and resident interviews, the facility failed to obtain STAT (without delay) dental services for Resident #1 as ordered by NP #1 on 10/21/21 due to a tooth abscess. Resident #1 was not seen until a routine visit by the dentist at the facility on 12/01/21 at which time a recommendation was given for a referral for the extraction of all teeth and root tips. Resident #2 was seen during a routine visit by the dentist at the facility on 10/12/21 and was prescribed antibiotics for an abscessed tooth and a recommendation was given for a referral for the extraction of all remaining teeth. The facility failed to obtain dental services for extractions. Both Resident #1 and Resident #2 were treated for tooth abscesses with oral antibiotics and they experienced pain from the infections which decreased their appetite per resident interviews. Despite subsequent requests by the dentist and the medical providers, Resident #1's appointment for extractions was not scheduled until 07/21/22 for 08/23/22 and</p>	F 867			

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F 867	<p>Continued From page 53</p> <p>Resident #2's was scheduled on 8/4/22 (after the survey began) for 8/16/22. The delay in dental services put Resident #1 and Resident #2 at risk for sepsis or endocarditis. This deficient practice occurred for 2 of 3 residents reviewed for dental services (Resident #1 and Resident #2).</p> <p>During the recertification survey on 09/03/21, this regulation was cited for failure to obtain dental care by a dentist for a resident with broken teeth or teeth with dental caries for 1 of 1 resident reviewed for dental services.</p> <p>F835- Based on observation, record reviews, and interviews of residents, staff, and the Medical Director, the Administration failed to provide leadership and oversight to the facility staff to ensure that physician ordered dental consults was conducted.</p> <p>During the complaint survey dated 2/23/22, this regulation was cited for failure to provide leadership and oversight to ensure effective systems were in place for obtaining PT/INRs (Prothrombin Time Test/ International Normalized Ratio) as ordered by the MD/NP and communicating laboratory results of the PT/INRs for monitoring and regulating of Coumadin (an oral blood thinner) dosage. The facility also failed to have the supplies needed for staff to obtain the PT/INRs for 1 of 1 resident reviewed for unnecessary medication.</p> <p>During the recertification survey on 09/03/21, this regulation was cited for failure to have sufficient housekeeping and laundry staff to ensure the residents had clean clothes available, clean linen for their bed, and clean gowns available as the resident had become accustomed to wearing, the</p>	F 867			

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NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT STATESVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 520 VALLEY STREET STATESVILLE, NC 28677		
(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 867	Continued From page 54 facility also failed to have enough staff to clean resident rooms on 2 of 4 hallways.	F 867			