

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

SEP 12 2013
SEP 12 2013

PRINTED: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2013
NAME OF PROVIDER OR SUPPLIER ROANOKE LANDING NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1084 US 64 EAST PLYMOUTH, NC 27962	
(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 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to provide timely dental services which caused 1 of 1 resident (resident #2) to have mouth pain for more than 2 months.</p> <p>Findings include:</p> <p>Record review of the quarterly Minimum Data Set (MDS) dated 7/2/13 revealed resident #2 was severely cognitively impaired.</p> <p>Record review revealed a consultation note dated 5/28/13 by an oral surgeon which stated resident #2 had a diagnosis of " unrestorable dentition on a medically compromised patient. To be scheduled in AMSU (the hospital surgical unit) for anesthesia support for removal of all remaining teeth. "</p> <p>Observation on 8/21/13 at 9:00 am revealed resident #2 eating in the restorative dining room. Two restorative aides were present. Interviews with the two restorative aides revealed they were aware of resident ' s need for dental work and that resident received a pureed diet for that</p>	F 309	<p>Roanoke Landing Nursing and Rehab acknowledges receipt of the Statement of Deficiency and proposes the plan of correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and the provision of quality care to residents. The plan of correction is submitted as written allegation of compliance.</p> <p>The below response to the Statement of Deficiency and plan of correction does not denote agreement with the citation by Roanoke Landing. The facility reserves the right to submit documentation to refute the stated deficiency through informal appeals procedures and/or other administrative or legal proceedings.</p>	

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

TITLE

(X6) DATE

[Handwritten Signature]

N/A

9-10-13

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 309	<p>Continued From page 1</p> <p>reason. At 9:10 am on 8/21/13 restorative aide #1 stated resident usually ate more than 75% of the pureed foods. At 9:15 am restorative aide #2 reported the resident received an oral supplement with her meals.</p> <p>Resident 's recorded weights from July 3, 2013 through August 12, 2013 revealed a weight loss of 3.1%.</p> <p>Physician 's order dated 8/6/13 revealed diet changed to puree and on 8/12/13 supplements with meals, Enriched meal plan, and supplements three times per day between meals was ordered.</p> <p>A dietary note dated 8/7/13 revealed the resident 's diet was changed from ground consistency to pureed consistency due to resident 's complaints of mouth pain.</p> <p>A dietary note dated 8/13/13 revealed oral supplements were added one type with meals and a different type three times per day between meals. The note also stated the resident was taken to restorative dining for breakfast and lunch meal to aide with feeding/eating.</p> <p>The Medication Administration Record (MAR) dated July 1, 2013 through July 31, 2013 revealed resident had physician order dated 4/17/13 for Acetaminophen 500mg 2 tablets every 4 hours as needed for pain. This medication was received at 2 doses per day on July 5, 6, 7, 12, 13, 14, 15, 18, 20, 21 and 25. The resident received one dose per day on July 3, 4, 8, 11, 19, 22, 24, 28 and 30.</p> <p>Record review revealed a note dated 8/6/13 that resident voiced complaints of mouth pain. Resident reported Tylenol slightly effective for</p>	F 309 et F 412	<p>Resident #2's oral physician was contacted again 8-21-13 concerning dental surgery. DON was requested to resend pre-surgical work up. Surgery date was set for 9-4-13 but later canceled. Admin called hospital 9-6-13 was told by them that they were waiting for Dr Ball to reschedule surgery. Admin called Dr Ball's office 9-10-13 and was told surgery to be rescheduled for 9-18-13. Res #2 will continue to be reviewed for dental needs/services by DON/admin nurses at least quarterly by auditing residents subjective complaints of pain with follow up action taken as appropriate.</p> <p>Dental pain will continue to be assessed by unit nurses/DON/Admin nurses for resident #2 with notifications and modifications for pain medications as necessary.</p> <p>All residents have been reviewed By DON/admin nurses for dental needs utilizing QI tool upon identification of any potential dental needs attending physician will be notified and referrals as needed.</p> <p>The DON/QI nurse will monitor all residents to include resident #2 weekly x 4 weeks, monthly x 3 then quarterly for identification of dental and pain needs/services. Upon identification the residents attending physician will be notified for interventions.</p>	9-11-13 R

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F 309	<p>Continued From page 2 pain relief.</p> <p>Physician orders dated 8/6/13 revealed Vicodin 5/500 one tablet every six hours as needed for pain.</p> <p>The MAR dated August 1 through August 31 revealed resident received Acetaminophen 500mg 2 tablets every 4 hours as needed for pain at 2 doses per day on August 1-4 and on August 6 and 8. One dose per day was received on August 5, 7, 14, and 15. In addition, from August 7-10 and on August 13 the resident received one dose per day of Vicodin 5/500. The resident received 2 doses per day on August 11-19 except August 13.</p> <p>On August 20 the MAR revealed a new order was written as Vicodin 5/500 one tablet two times per day for pain. The resident received the 2 doses as scheduled.</p> <p>The reason listed on the MAR for resident receiving all of the above medications was for toothache, mouth or dental pain.</p> <p>On 8/21/13 at 9:08 am nurse #1 stated resident #2 was " waiting to get her teeth done " and that the resident is able to state how she feels. Nurse #1 also stated the resident would ask for pain medication for her sore mouth.</p> <p>In an interview with the social worker on 8/21/13 at 9:55 am she stated resident #2 had mouth pain for the last few months. The social worker reported she was aware that the transport person was working on obtaining an appointment for dental services.</p> <p>During an interview on 8/21/13 at 10:15 am the</p>	F 309	The results of these audits will be forwarded to the Executive QI Committee monthly x 3 then quarterly for review and follow up action as deemed necessary.		

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F 309	Continued From page 3 resident reported mouth pain as on going and constant. The surveyor observed the resident ' s mouth during the interview which revealed numerous broken teeth. On 8/21/13 at 10:20 am the Director of Nursing (DON) reported that the resident received pain medicine every 6 hours as needed to help with the pain. On 8/21/13 at 11:00 am the DON reported she had contacted the resident ' s physician about the needed appointment.	F 309	Resident #2's oral physician was contacted again 9-10-13 by Admin to stress the need to keep the resident on the schedule for her oral surgery. Transportation aid has made another appt with surgeons in New Bern in case this continues to fall through but the earliest appt is in December. Res #2 will continue to be reviewed for dental needs/services by DON/Admin nurses at least quarterly and as needed with follow up action taken as appropriate.	9-17-13 D	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interviews the facility failed to provide dental services for 1 of 1 resident (Resident #2) who needed extractions. Findings include:	F 412	All residents will be reviewed by unit nurses DON/admin nurses for dental needs utilizing QI tool upon identification of any potential dental needs attending physician will be notified with referrals as needed. The DON/QI nurse will monitor all residents to include resident #2 weekly x 4 weeks, monthly x 3 then quarterly for identification of dental needs. Upon identification the residents attending physician will be notified for interventions. The results of these audits will be forwarded to the Executive QI committee monthly x3 then quarterly for review and follow up action as deemed necessary.	9-17-13 D	

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F 412	<p>Continued From page 4</p> <p>Record review of the quarterly Minimum Data Set (MDS) dated 7/2/13 revealed resident #2 was severely cognitively impaired.</p> <p>Record review revealed a consultation note dated 5/28/13 by an oral surgeon which stated resident #2 had a diagnosis of " unrestorable dentition on a medically compromised patient. To be scheduled in AMSU (the hospital surgical unit) for anesthesia support for removal of all remaining teeth. "</p> <p>A progress note dated 7/2/13 revealed attempts by the Nursing Assistant/Transport Aid to contact the oral surgeon ' s office began on 6/28/13 with a failed attempt to fax the medical clearance information. Based on additional progress notes in the medical record, the medical clearance information was mailed on approximately 7/10/13. Additional failed attempts for scheduling an appointment with the oral surgeon were documented on 7/25/13, 8/14/13, 8/15/13 and 8/20/13.</p> <p>There was no documented attempt by the Nursing Assistant/Transport Aid to report this problem to her supervisor. The Nursing Assistant/Transport Aid was not available for interview.</p> <p>Physician ' s order dated 8/6/13 revealed diet changed to puree and on 8/12/13 supplements with meals, Enriched meal plan, and supplements three times per day between meals was ordered.</p> <p>In an interview with the social worker on 8/21/13 at 9:55 am she reported she was aware that the transport person was working on obtaining an appointment for dental services.</p>	F 412			

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F 412	<p>Continued From page 5</p> <p>The interview with the social work assistant on 8/21/13 at 10:08 am revealed she was aware that the hospital had not given a scheduled time for surgery.</p> <p>During an interview on 8/21/13 at 10:15 am the resident reported mouth pain as on going and constant. The surveyor observed the resident ' s mouth during the interview which revealed numerous broken teeth</p> <p>In an interview on 8/21/13 at 10:20 am the Director of Nursing (DON), stated she was the supervisor for the Nursing Assistant/Transport Aid. The DON indicated there are very few oral surgeons that accepted residents with this type of payer source. She indicated the oral surgeon was having difficulty arranging a date with the hospital for the surgery. The DON stated she would contact the resident ' s physician ' s office for assistance with making the appointment. On 8/21/13 at 11:00 am the DON reported she had contacted the resident ' s physician about the needed appointment.</p>	F 412			