

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

PRINTED: 07/01/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345487	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/19/2014
NAME OF PROVIDER OR SUPPLIER CHERRY POINT BAY NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 110 MCCOTTER BOULEVARD HAVELOCK, NC 28532		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 411 SS=D	<p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS</p> <p>The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff and resident interviews, the facility failed to provide prompt dental services for 1 of 4 residents reviewed for dental services (Resident #58).</p> <p>Findings included:</p> <p>Review of a facility policy dated 8/20/2012 entitled DENTAL SERVICES indicated "When a resident is admitted to the facility, their dental needs are assessed through the RAI process. When dental needs are assessed, arrangements are made with the resident's personal dentist for that care. If the resident does not have a personal dentist, then agreement is obtained for the resident to be seen by a dentist who has a contract with the facility. The dentists will provide dental care as needed and on a routine schedule. Permission to</p>	F 411			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 411	<p>Continued From page 1</p> <p>be seen will be obtained by the resident/responsible party before any dental work is done. Any dental exam or work will be paid for in an arrangement between the resident/responsible party and the dentist."</p> <p>Record review of the clinical record of resident #58 indicated he was admitted to the facility on 10/14/2013. The resident's cumulative admission diagnoses included Mild Malnutrition, Anemias and Failure to Thrive.</p> <p>Review of the resident's Minimum Data Set(MDS) dated 10/24/2014 indicated the resident had mild cognitive impairment. The MDS also indicated the resident had obvious or likely cavity or broken natural teeth. The Care Area Assessment triggered the dental issues, and the dental issues were addressed on the resident's care plan.</p> <p>Review of the resident's care plan dated 10/30/2013 indicated the problem of care deficit pertaining to the teeth or oral cavity characterized by problems with dentures/teeth/gums or other oral dental health problems related to carious teeth. One of the interventions implemented indicated monitor and notify physician of signs and symptoms or oral/dental problems needing attention or possible evaluation such as missing, loose, broken, eroded or decayed teeth.</p> <p>The resident was observed in his room on 6/17/2014. The resident had very apparent missing teeth. He stated it did not bother him as far as eating, and he stated he had been trying to get the few remaining teeth pulled out and get dentures for a long time. He also stated he had not seen a dentist since admission to the facility and could not recall anybody talking to him about</p>	F 411			

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F 411	<p>Continued From page 2 going to a dentist.</p> <p>In an interview with facility Director of Nursing (DON) on 6/19/2014 at 10:00 AM, the DON reported the facility had on site dental visits twice a year for evaluations, and the DON further explained if a resident was evaluated, the on site dental service made referrals as needed. The DON reported the last on site dental clinic was on 2/6/2014. The DON explained resident #58 was not seen in the 2/6/2014 on site visit because he is under Veterans Administration (VA).</p> <p>In an interview with a facility Social Services Admissions employee on 6/19/2014 at 11:05 AM, she stated "These VA residents are screened by VA on site for vision and dental. When the VA came on May 8, 2014 and evaluated the resident, they told us to make the referral for eye and dental in the new office in Greenville, and that office is not open yet. I still have not heard back from them, and if that office is not open, the resident will have to go to the Durham office."</p> <p>In an interview with the facility administrator on 6/19/2014 at 11:15 AM, the administrator stated the expectation was if a resident was admitted and care planned for dental concerns, efforts should be made for dental services in a prompt manner.</p>	F 411			