

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

PRINTED: 01/24/2013
FORM APPROVED
OMB NO. 0938-0391

1406

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/11/2013
NAME OF PROVIDER OR SUPPLIER VICTORY HEALTH & REHAB OF BATTLE GROUND LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 510 NORTH PARKWAY BATTLE GROUND, WA 98604		
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F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Abbreviated Survey conducted at Victory Health and Rehabilitation on 01/11/2012. A sample of 6 current residents was selected from a census of 67.</p> <p>The following complaint was investigated:</p> <p>#2732472</p> <p>The survey was conducted by:</p> <p>██████████, RN, MS</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit D 5411 East Mill Plain Blvd., Suite 203 Vancouver, WA 98661</p> <p>Telephone: 360-397-9550 Fax: 360-992-7969</p> <p><i>[Signature]</i> Residential Care Services Date 1/24/13</p>	F 000	<p>Preparation and submission of this plan of correction by, Victory Health & Rehab of Battle Ground, does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies. The plan of correction is prepared and submitted solely pursuant to the requirements under state and federal laws.</p> <p>1. On 1/17/13 resident # 1 was re-assessed and the care plan was updated to reflect the resident's current status by the Resident Care Manger (RCM). A dentist appointment was scheduled for 1/29/13, and the family was notified.</p>		

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

[Signature] Administrator 1-31-13

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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DSHS/ADSA/RCS

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F 412 SS=E	<p>483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to obtain dental services to meet the needs of the resident and failed to arrange appointments and/or transportation to obtain those services for 6 of 6 (#1, 2, 3, 4, 5, & 6) residents. This failure placed the residents at risk for continuing complications, including infections, weight loss and possible death, resulting from broken and carious teeth.</p> <p>Findings include:</p> <p><Resident #1> Resident #1 was admitted to the facility on [REDACTED]/2006 with diagnoses to include [REDACTED] and [REDACTED]. According to the Minimum Data Set (MDS) an assessment tool dated 11/27/12, the Resident required extensive assistance with activities of daily living (ADL) care. The MDS indicated the Resident had cognitive deficits, a decreased ability to understand and was resistive to assistance with</p>	F 412	<p>On 1/17/13 resident #2 was re-assessed for oral care and dental services needs and the care plan was updated to reflect the resident's current status by the RCM. A dentist appointment is scheduled for 2/6/13, and the family was notified.</p> <p>On 1/17/13 resident #3 was re-assessed for oral care and dental services needs and the care plan was updated to reflect the resident's current status by the RCM. A dentist appointment is scheduled for 2/6/13, and the family was notified.</p>	

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F 412	<p>Continued: From page 2</p> <p>ADLs. The Resident was identified as having broken and cavity teeth because of refusals of oral care or exam. The plan of care stated the Resident "Has own teeth. Most have caries, many broken off at the gums. {The Resident} behaviors cause her to be resistant to any dental followup."</p> <p>The Resident was placed on a specialized diet with mechanically altered food so chewing would be easier. The Resident had occasional behaviors of being resistive to care.</p> <p>Social Services notes dated 09/03/11 state Resident "Has some broken and a cavity (sic). However it's difficult to assess r/t {related to} refusals for oral care or exam." Social Services notes dated 03/08/12 state the Resident "Has some broken and cavity teeth, however are difficult to assess r/t refusals or oral care or exam. She has a mech Dysphagia 3-chopped diet texture for ease of chewing. She was seen by the hygienist one time last year and refused the second time." No other information was available regarding whether the guardian or family had been informed of possible risks and benefits of not obtaining dental treatment or whether any action had been taken to obtain dental treatment.</p> <p>On 01/11/2013 at 02:30 p.m., when asked, Resident #3 was able to open mouth to reveal most teeth in the upper and lower jaws to be blackened and broken off at the gum line. The Resident was unable to state whether the teeth were painful.</p> <p>At 02:30 p.m., Resident Care Manager (RCM) B</p>	F 412	<p>On 1/17/13 resident #4 was re-assessed for oral care and dental services needs and the care plan was updated to reflect the resident's current status by the RCM. A dentist appointment is scheduled for 2/14/13, and the guardian was notified.</p> <p>On 1/17/13 resident #5 was re-assessed for oral care and dental services needs and the care plan was updated to reflect the resident's current status by the RCM. A dentist appointment is scheduled for 2/19/13, and the guardian was notified.</p> <p>On 1/17/13 resident #6 was re-assessed for oral care and dental services needs and the care plan was updated to reflect the resident's current status by the RCM. A dentist appointment is scheduled for 2/7/13, and the guardian was notified.</p>	

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F 412	<p>Continued From page 3</p> <p>stated "The Resident {#1} wouldn't be able to sit in a dentist chair. I hadn't thought about other options like having her hospitalized to pull the nubs. I can and will check into that option."</p> <p><Resident #2> Resident #2 was admitted on [REDACTED] 2008 with diagnoses to include [REDACTED], [REDACTED] and [REDACTED]. According to the MDS dated 8/2/12, the Resident required extensive assistance with ADL care and had a decreased ability to understand or follow directions.</p> <p>A dental health screening form dated 10/22/12 showed the Resident as having extreme [REDACTED] with broken and carious teeth with a recommendation for brushing teeth twice a day. Oral hygiene was described as being "Not adequate." No other information was available regarding whether the guardian or family had been informed of possible risks and benefits of not obtaining dental treatment or whether any action had been taken to obtain dental treatment.</p> <p><Resident #3> Resident #3 was admitted to the facility on [REDACTED]/12 with diagnoses to include dementia and chronic mental health issues. The MDS indicated the Resident required assistance with all activities of daily living with no identified weight loss.</p> <p>On 01/11/13 at 03:45 p.m., the Resident was observed to have many missing, carious and broken teeth. No other information was available regarding whether a dental hygienist had completed a screening form. No other information was available regarding whether the</p>	F 412	<p>2. On 1/29/13 an audit of oral care and dental needs of residents was completed by the RCMs and no other concerns were noted.</p> <p>3. On 1/17/13 the RCMs were re-educated on oral care, dental needs and notifying the family of resident's dental services needs by the Director of Nursing. Beginning on 1/29/13 the facility staff was re-educated on oral care, dental needs and notifying the family of dental services needs by the Staff Development Coordinator.</p>	

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F 412	<p>Continued From page 4</p> <p>guardian or family had been informed of possible risks and benefits of not obtaining dental treatment or whether any action had been taken to obtain dental treatment.</p> <p><Resident #4> Resident #4 was admitted on [REDACTED]/12 with diagnoses to include [REDACTED] and [REDACTED]. According to the MDS dated 01/04/13, the Resident required assistance with activities of daily living.</p> <p>On 1/11/13 at 01:00 p.m., Resident #4 was observed to have heavy accumulations of debris and food particles at the base of all teeth visible during conversation. The Resident stated "They help me brush my teeth when I ask."</p> <p>At 05:00 p.m., Resident #4 was observed to have heavy accumulations of debris and food particles at the base of all teeth, with no noticeable change in appearance from several hours earlier.</p> <p>A dental health screening tools dated 4/6/12 and 12/22/12 showed the Resident with a declined in oral health. No other information was available regarding whether the increase in [REDACTED] disease since the time of admission was acted upon or whether any further dental treatment was warranted.</p> <p><Resident #5> Resident #5 was admitted on [REDACTED] 11 with [REDACTED] and [REDACTED] problems. According to the MDS, the Resident required supervision with activities of daily living. Annual MDS's dated 12/8/11 and 11/7/12 show the Resident as having "Obvious or likely cavity or broken natural teeth.</p>	F 412	<p>4. Starting the week of 2/4/13 the RCMs or designee will complete audits weekly for 4 weeks and monthly for 2 months to ensure that oral care and dental needs are addressed and that families or guardians are notified as needed. A report will be submitted to the Quality Assurance committee monthly for 3 months. The Quality Assurance committee will review and determine if further interventions are needed at that time.</p> <p>The Director of Nursing is responsible for monitoring and follow-up:</p> <p>Compliance date 2/04/13</p>	

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F 412	<p>Continued From page 5</p> <p>Unable to examine." No other information was available regarding whether the guardian or family had been informed of possible risks and benefits of not obtaining dental treatment or whether any action had been taken to obtain dental treatment.</p> <p><Resident #6> Resident #6 was admitted on [REDACTED]/10 with diagnoses to induct [REDACTED] and [REDACTED]. The Resident required assistance with ADL care. MDS's dated 2/6/12, 7/18/12, 8/18/12 and 11/17/12 stated the Resident has "Obvious or likely cavity or broken teeth." No other information was available regarding whether the facility took action to arrange for dental care for the Resident.</p> <p>On 01/11/13 at 03:45 p.m., when asked about dental concerns, Resident #6 opened his mouth, took his fingers and pulled the sides of his mouth open to reveal several broken, carious and missing teeth. The Resident stated "It would be great if I could see the Dentist."</p> <p>On 01/11/13 at 04:10 p.m., the Social Services Director stated "I just started working here. I have some ideas for arranging dental services for our residents. I think I will be able to get care set up."</p>	F 412		

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