

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

PRINTED: 01/09/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165522</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW MANOR CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1009 THIRD STREET REINBECK, IA 50669</b>		
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F 000	INITIAL COMMENTS  Correction date: <u>1/17/2023</u>  There were no deficiencies related to the investigation into complaint #109307-C. The following deficiencies relate to the recertification survey.  See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.  F 582 Medicaid/Medicare Coverage/Liability Notice SS=B CFR(s): 483.10(g)(17)(18)(i)-(v)  §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section.  §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items	F 000	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following Plan of Correction. The Plan of Correction constitutes the facility's credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date indicated.		

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

TITLE

(X6) DATE

**Cassie Stowe, Provisional Nursing Home Administrator 1/17/2023**

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 582	<p>Continued From page 1</p> <p>and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is reasonably possible.</p> <p>(ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change.</p> <p>(iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff interviews, the facility failed to provide notice of financial liability and appeal rights for Medicare skilled services for 1 of 2 residents reviewed (Resident #13) on two separate occasions, in a timely manner. The facility reported a census of 25 residents.</p> <p>The document titled Notice of Medicare non-coverage, Form CMS 10123- Notice of Medicare non-coverage (NOMNC) documented the effective date of therapy services will end 9/12/22. The form documented a signature of</p>	F 582	<p>Regarding F tag 582; Resident #13 and all like residents require a 2 day advance notice prior to skilled nursing service end date as required by Medicare to communicate financial liability and appeal rights. The Business Office Manager was re-educated on issuing NOMNC's on 1/17/2023. In addition, the facility social worker and Director of Nursing also received training on issuing NOMNC's on 1/17/2023. The administrator or designee will audit and monitor facility NOMNC's weekly for the next four weeks and monthly thereafter. NOMNC's will also be reviewed at the facility QAPI meeting at least quarterly and more often as needed.</p>		

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F 582	Continued From page 2  Resident #13 representative dated 9/12/22. Resident #13 again started therapy, the Form CMS 10123-NOMNC documented services end 12/5/22. The form was signed by the resident's representative and was not dated.  In an Interview on 12/21/22 at 3:35 PM facility business office staff and administrator, acknowledged the expectation is the residents have advance notice prior to skilled nursing service end date as required by Medicare to communicate financial liability and appeal rights. The business office staff acknowledged the form was not signed by the resident within the two-day advance requirement.  Centers for Medicare and Medicaid form instructions 10123-Notice of Medicare non -coverage (NOMNC) states the NOMNC must be delivered at least two calendar days before Medicare covered services end.  The facility policy provided by the administrator titled Skilled nursing facility -ABN, Advanced Beneficiary notification and NOMNC relayed notice required 2 days prior to services ending.	F 582			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3)  §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	F 656			

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F 656	Continued From page 3 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. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interviews and policy review, the facility failed to develop a	F 656	Regarding F tag 656; Resident #3, Resident #5, and all like residents require an antipsychotic care plan. The facility has completed an audit on all residents receiving antipsychotic medication and will ensure all resident care plans are in place. Upon admission of a new resident the facility will review medications and complete antipsychotic care plans as needed. On 1/17/2023 the MDS coordinator was re-educated on the care plan policy as it relates to antipsychotic medication. Care plan audits will be audited weekly by the Director of Nursing or designee. Antipsychotic care plans will also be reviewed at the facility QAPI meeting at least quarterly and more often as needed.		

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F 656	<p>Continued From page 4</p> <p>comprehensive person centered care plan for 2 of 5 residents reviewed (Residents #3 and #15). The facility reported a census of 25 residents.</p> <p>Finding include:</p> <p>1. The quarterly Minimum Data Set (MDS) assessment dated 10/12/22 identified Resident #3 had diagnosis that included dementia, type II diabetes mellitus, ulcerative colitis, anxiety disorder, atrial fibrillation, mild cognitive impairment, major depressive disorder, and repeated falls. The resident had a brief interview for mental status (BIMS) score of 9 indicating moderate cognitive impairment. Resident #3 required extensive assistance of 1 staff for transfers and toileting and was independent in eating. The MDS indicated the resident took antipsychotic medication, antidepressant medication, and antianxiety medication.</p> <p>The care plan with the most recent review date of 10/13/22 revealed focus areas for Resident #3 that included self-care deficit, chronic pain, alteration in skin integrity, diabetes mellitus, alteration in gastro-intestinal status, antibiotic therapy for chronic urinary tract infections, the need for antidepressant medication, the need for antianxiety medication, the need for pain medication, overactive bladder, and risk for contracting COVID-19. The care plan lacked information that pertained to the residents need for an antipsychotic medication.</p> <p>Review of December 2022 medication administration record (MAR) for Resident #3 revealed resident received Aripiprazole (Abilify) 4 milligrams (mg) 1 tablet by mouth in the morning related to unspecified dementia without</p>	F 656			

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F 656	<p>Continued From page 5</p> <p>behavioral disturbance, anxiety disorder, and major depressive disorder.</p> <p>2. The annual MDS assessment dated 10/12/22 identified Resident #15 had diagnosis that included dementia, atherosclerotic heart disease, anxiety disorder, diverticulitis of intestine, hypertension, heart failure, and major depressive disorder. The resident had a BIMS score of 4 indicating sever cognitive impairment. Resident #15 required extensive assistance of 1 staff for bed mobility, extensive assistance of 2 staff for transfers and toileting and supervision with eating. The MDS indicated the resident took antianxiety medication, antidepressant medication and diuretic medication.</p> <p>The care plan with the most recent review date of 10/13/22 revealed focus areas for Resident #15 that included potential nutritional problems, need for medication for gastroesophageal reflux disease, communication problems related to hearing deficit, the need for antidepressant medication, activities of daily living, falls, alteration in skin integrity, need for diuretic therapy, activities, and risk for contracting COVID-19. The care plan lacked information that pertained to the residents need for an antianxiety medication.</p> <p>Review of December 2022 MAR for Resident #15 revealed resident received Escitalopram Oxalate (Lexapro) 20 mg 1 tablet by mouth one time a day for depressive disorder and Lorazepam 1 mg ½ tablet by mouth two times a day for signs and symptoms of anxiety or restlessness.</p> <p>In an interview on 12/20/22 at 10:40 AM, the Administrator stated it was the expectation all</p>	F 656			

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F 656	Continued From page 6  psychotropic medications be care planned. She acknowledged she was aware of issues with care planning and stated they had initiated a performance improvement project dated 9/26/22 to address the issues but with many changes in staff recently they had a hard time keeping up with it. She stated she had hired a new social worker and director of nursing and was confident they would make progress in the effort.  In an interview on 12/20/22 at 10:40 AM, the Administrator stated the facility did not have a care plan policy but they followed the federal regulation as stated in the Resident Assessment Instrument Manual.	F 656			
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).  §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and	F 725			

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F 725	<p>Continued From page 7</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interview, resident interviews and policy review the facility failed to answer call lights in a reasonable amount of time (15 minutes or less) for 7 of 17 residents reviewed. The facility reported a census of 25 residents.</p> <p>Findings include:</p> <p>Record review of the facilities call light system logs provided by the Director of Nursing (DON) on 12/21/22 at 2:30 PM for the following seven (7) residents documented wait times of greater than fifteen (15) minutes for a twenty-four (24) hour time period on 12/13/22.</p> <p>Resident #3</p> <p>a. 7:08AM-38 minutes</p> <p>b. 8:04AM-25 minutes</p> <p>c. 1:54PM-23 minutes</p> <p>d. 2:41PM-22minutes</p> <p>e. 4:06PM-29 minutes</p> <p>Resident #25</p> <p>a.8:03AM-22 minutes</p> <p>b.10:45AM-21 minutes</p> <p>c.5:42PM-31 minutes</p> <p>Resident #10</p> <p>a.2:37PM- 23 minutes</p> <p>Resident #128</p> <p>a.2:40PM-21 minutes</p>	F 725	<p>Regarding F tag 725; Residents #3, #25, #10, #128, #11, #129, #21 and all like residents, call lights to be answered in a reasonable amount of time. Facility staff members were educated on 1/17/2023 regarding timely call light response times. The Director of Nursing or designee will audit call lights 3-5 times per week for four weeks, then periodically thereafter. Call lights will be addressed at resident council meeting monthly for three months then quarterly thereafter. Call lights will also be reviewed at the facility QAPI meeting at least quarterly and more often as needed.</p>		



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F 725	<p>Continued From page 8</p> <p>Resident #11 a.3:29PM-24 minutes b.6:41PM-52 minutes</p> <p>Resident #129 a.3:44PM-39 minutes b.5:24PM-23 minutes c.5:52PM-32 minutes</p> <p>Resident # 21 a.6:46PM-48 minutes</p> <p>In an Interview on 12/18/22 at 12:12 PM with Resident #11, Brief Interview of Mental Status (BIMS) scored 15 on the Material data set (MDS) assessment, indicated cognition intact, stated waited up to an hour for staff response, waits due to lack of staff or a dead battery in the pendant.</p> <p>In an interview on 12/19/22 at 8:44 AM with Resident #10, BIMS scored 12 on the MDS assessment indicated cognition intact, relayed it can take up to a half an hour for a response, tracked time on the clock.</p> <p>In an interview on 12/19/22 09:44 Resident #22, BIMS scored 14 on the MDS assessment indicated cognition intact, stated that call light answer time depended on who was working. Resident #22 stated waited hours, staff stated it was because the pendant battery did not work. Resident #22 relayed uncertain if long waits due to the pendant battery failure or staff shortage.</p> <p>In an Observation/Interview on 12/19/22 at 08:30 AM, staff A demonstrated the call light pendant use. Observation of the device used to monitor call lights revealed resident #3 had a wait time of 30 minutes with no staff response. There was a staff alert to help resident #3 displayed for 5 minutes, 10 minutes, 15 minutes, 20 minutes, 25</p>	F 725			

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F 725	Continued From page 9 minutes and 30 minutes displayed on the call device.  In an Interview on 12/20/22 at 11:00, the administrator relayed that call lights are expected to be answered within 15 minutes or sooner.  The facility policy titled Call light indicated that staff are notified of residents' needs via the handheld electronic device and should be responded to within 15 minutes.	F 725			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)  §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a comprehensive assessment of a resident, the facility must ensure that---  §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;  §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 758			

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F 758	<p>Continued From page 10 drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, the facility failed to limit a PRN (pro-re-nata refers to as needed) psychotropic medication to fourteen (14) day limit without physician rationale to extend the order for 1:1 (Resident #7) reviewed. The facility reported a census of 25 residents.</p> <p>Findings include:</p> <p>Minimum Data Set (MDS) assessment dated 11/23/22 documented resident #7 has diagnosis of Alzheimer's disease late onset, history of falling, chronic kidney disease, and heart disease. The Brief Interview for mental status (BIMS) was</p>	F 758	<p>Regarding F tag 758; Resident #7 and all like residents should be free from unnecessary psychotropic medication/ PRN use. The facility will complete an audit on all residents receiving PRN psychotropic medications and ensure an end date. Upon admission of a new resident the facility will review PRN psychotic medication/PRN use. PRN psychotropic medication audit will be completed by the Director of Nursing or designee weekly for 4 weeks and periodically thereafter. Psychotropic medication/PRN use will also be reviewed at the facility QAPI meeting at least quarterly and more often as needed.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW MANOR CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1009 THIRD STREET REINBECK, IA 50669</b>		
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F 758	<p>Continued From page 11</p> <p>not scored. The MDS noted clear speech, rarely, never is understood or understand others, coded a 3 indicating severely impaired cognitive skills for daily decision making.</p> <p>Record review of the Medication Administration Record (MAR) for December 2022 documented, Lorazepam, tablet 0.5 milligram, give 1 tablet by mouth every eight (8) hours as needed for manage signs, symptoms of paranoia or anxiety related to Alzheimer's disease with late onset, dementia. Start dated is 11/14/22, no end date.</p> <p>In an interview on 12/20/21 at 2:20 PM, the DON relayed the expectation is a psychotropic medication would not remain active without physician review. The DON could not explain why there was not an end date</p> <p>The facility provided policy titled Psychotropic Medication stated, PRN orders for psychotropic medications are limited to fourteen (14) days, except if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days with documentation of the rationale in the medical record and indication of duration for the PRN order.</p>	F 758			
F 791 SS=D	<p>Routine/Emergency Dental Srvcs in NFs 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>	F 791			

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F 791	<p>Continued From page 12</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:</p> <p>(i) Routine dental services (to the extent covered under the State plan); and</p> <p>(ii) Emergency dental services;</p> <p>§483.55(b)(2) Must, if necessary or if requested, assist the resident-</p> <p>(i) In making appointments; and</p> <p>(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> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, facility and staff interview, the facility failed to ensure dental services for 1 of 1 Resident's</p>	F 791	<p>Regarding F tag 791; Resident #19 and all like residents should have access to routine and emergency dental services. Resident #19 completed paperwork to enroll in dental services through Aria Care Partners on 1/17/2023. The director of nursing or designee will monitor that residents requiring dental services will receive such services in a timely manner. Dental services will also be reviewed at the facility QAPI meeting at least quarterly and more often as needed.</p>		

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F 791	<p>Continued From page 13</p> <p>(Resident #19) reviewed for dental services. The facility identified a census of 25 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment dated 11/23/2022 showed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. Speech clarity coded 0 indicating clear speech, distinct intelligible words, extensive assistance with transfer, dressing and personal hygiene. Primary diagnosis documented, stroke.</p> <p>During an interview on 12/18/22 at 3:30 PM Resident #19 relayed has been to the dentist March 2022, outside of the facility, reported a tooth fell out and it was upsetting to him. relayed could not get dental services due to his wheel chair. Resident #19 stated since that appointment another tooth has fallen out, reported he never mentioned the 2nd tooth that fell out to anyone because there wasn't anything that could be done. Resident relayed, would like to see a dentist but, didn't think there was any options.</p> <p>During an interview on 12/20/22 at 09:50 AM the DON relayed a dentist does visit the facility from Aria dental, an empty room is used, resident remains in their wheel chair or the beauty shop chair is used, two dental hygienist and an older dentist visits that does dental work.</p> <p>Record review of progress notes documented 3/3/2022 at 10:39 noted resident upset because he lost his lower front tooth this morning and called the dental office. Nurse explained process to call the office and set up the appointment with the dentist and with transportation, appointment</p>	F 791			

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F 791	<p>Continued From page 14 made for 3/8/22 at 9:30.</p> <p>Record review of progress notes documented, 3/8/2022 at 1:17 PM, Resident #19 went to the Reinbeck dentist office for a cleaning and to have missing front bottom tooth looked at. He has decay on multiple teeth, they cannot take care of while he is in a wheel chair. Recommended having the traveling dentist fill the teeth that need it when they come to the facility.</p> <p>During an interview on 12/20/22 at 10:44 AM with the facility business office staff B provided a consultation report from the outside dental appointment 3/8/22 visit, report documented decay is on multiple teeth, we cannot do restorative while patient is in his wheelchair. Staff B relayed the facility uses Aria dental company who calls the residents or the responsible parties to set up appointments. She provided a form from Aria documented resident name and payor source Medicaid, inactive reason noted for Resident #19, difficult to understand.</p> <p>During an interview with the DON on 12/20/22 at 11:20 was relayed we do typically get feedback when a resident comes back from any medical appointments for follow up if needed.</p> <p>Policy received from the administrator on 12/21/22 at 11:00 AM titled, Dental services, locations, Nursing facilities, noted for routine visits:</p> <ol style="list-style-type: none"> <li>1. Residents will receive routine and emergency dental services to meet their needs.</li> <li>2. Residents will be assisted in making appointments and arranging transportation (for those wishing for assistance).</li> </ol>	F 791			