

§483.50(b)(2)(iv) File in the resident's clinical record signed and dated reports of radiologic and other diagnostic services.

PROCEDURES

Review resident clinical records to determine if reports of radiologic and other diagnostic services reports are filed and that they are signed and dated. If there are other medical record documentation concerns, refer to §483.70(h) - Medical Records.

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F779, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:

- Have reports filed in the resident's clinical record; **OR**
- Reports were not dated or signed.

F790

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§483.55 Dental services.

The facility must assist residents in obtaining routine and 24-hour emergency dental care.

§483.55(a) Skilled Nursing Facilities

A facility—

§483.55(a)(1) Must provide or obtain from an outside resource, in accordance with with §483.70(f) of this part, routine and emergency dental services to meet the needs of each resident;

§483.55(a)(2) May charge a Medicare resident an additional amount for routine and emergency dental services;

§483.55(a)(3) 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;

§483.55(a)(4) 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 location; and

§483.55(a)(5) 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