

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055292	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Shields Richmond Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1919 Cutting Blvd Richmond, CA 94804	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32717</p> <p>Based on interview and record review, the facility failed to provide dental services to meet the needs of two of three sampled residents (Resident 2 and Resident 3) when:</p> <ol style="list-style-type: none"> 1. The facility failed to promptly refer Resident 2 for dental services, within three days as required, when Resident 2's tooth was chipped. 2. The facility did not provide timely dental services to obtain full dentures for Resident 3. <p>These failures had the potential to result in decreased food intake and potential significant weight loss for both residents.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. During a review of Resident 2's Admission Record, the Admission Record indicated Resident 2 was admitted to the facility in May 2023 with diagnoses that included moderate protein-calorie malnutrition. <p>During a review of Resident 2's Medication Review Report (MRR), the MRR indicated an order, dated 5/11/23, for Resident 2 to have dental consult with treatment and follow-up as indicated, and for Resident 2 to have regular, fortified diet regular texture and thin liquids.</p> <p>During a review of Resident 2's Dental Notes, dated 7/9/24, the Dental Notes indicated Resident 2's tooth has been Fractured for a month.</p> <p>During a review of Resident 2's Minimum Data Set (MDS, a resident assessment instrument used to identify resident care problems to be addressed in an individualized care plan), dated 5/18/24, the MDS indicated a Brief Interview for Mental Status (BIMS, a scoring system used to determine the resident's cognitive status in regard to attention, orientation, and ability to register and recall information.) score of 13. A BIMS score of thirteen to fifteen is an indication of intact cognitive status.</p> <p>During an interview on 7/16/24 at 1:22 p.m. with Resident 2, Resident 2 stated it took the facility more than three months to get a dentist to check on the damaged tooth. Resident 2 stated she is having to chew food on the opposite side so as not to put more pressure on the affected tooth. Resident 2 stated she is not able to eat enough because of it. Resident 2 stated the damaged tooth should have been treated like an emergency.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of Resident 2's MRR, dated 7/16/24, the MRR indicated a physician's order dated 6/9/23 for Resident 2 to have regular, fortified diet with regular texture.</p> <p>During a telephone interview on 7/22/24 at 11:28 a.m. with Social Services Director (SSD), SSD stated Social Services Assistant (SSA) took over Resident 2's case some time in May 2024. SSD stated Resident 2's fractured tooth was part of the partial lower dentures.</p> <p>During a review of Resident 2's Care Conference Summary, dated 5/20/24, written and signed by SSA, the Care Conference Summary indicated The resident wears upper and lower dentures, and one tooth has chipped.</p> <p>During a telephone interview on 7/23/24 at 11:43 a.m. with SSA, SSA stated a referral was sent to the dentist on 6/6/24, 16 days after SSA knew of the issue. SSA stated Resident 2 did not have any problems with eating and was able to chew as normal. SSA stated there was no documentation of the extenuating circumstances for the delay in sending the referral. SSA stated she was not aware that referrals for damaged or lost dentures should be made within three days.</p> <p>2. During a review of Resident 3's Admission Record, the Admission Record indicated Resident 3 was admitted to the facility in October 2023 with diagnoses that included dysphagia (difficulty swallowing) following cerebral infarction (otherwise known as stroke, loss of oxygen supply to the brain leading to damage of brain tissues) and major depressive disorder (persistently depressed mood or loss of interest in activities, causing significant impairment in daily life).</p> <p>During a review of Resident 3's MRR, dated 7/17/24, the MRR indicated a physician's order, dated 10/19/23, for Resident 3 for Dental consult with treatment and follow-up as indicated.</p> <p>During an interview on 7/16/24 at 1:02 p.m. with Resident 3, Resident 3 stated being admitted in October 2023 to the facility, and some time later Resident 3's full dentures got lost. Resident 3 stated it took a long time for the dentist to come and start the process of replacing dentures. Resident 3 also stated feeling depressed and frustrated by the very slow process.</p> <p>During a review of Resident 3's MDS, dated [DATE], Resident 3's BIMS score was 15, indicating intact cognitive response.</p> <p>During a review of Resident 3's Dental Notes, dated 12/12/23, the Dental Notes indicated Resident 3 stated the facility Lost my dentures. The Dental Notes indicated Resident 3 did not have any natural teeth both upper and lower.</p> <p>During a review of Resident 3's Dental Notes, dated 7/9/24, the Dental Notes indicated a full set of dentures with case was ready but was not fitted because of COVID.</p> <p>During an interview on 7/18/24 at 10:02 a.m. with SSA, SSA stated the process of replacing Resident 3's dentures started on 2/6/24 when the dentist came to take dental impressions. SSA stated between then and 7/9/24, the delay was because of the dentist not coming to the facility for timely follow-up.</p> <p>During a telephone interview on 7/23/24 at 1:14 p.m. with SSA, SSA stated Resident 3's new dentures have not been delivered (seven months after report of loss).</p> <p>(continued on next page)</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a review of the facility's policy and procedure (P&P) titled Dental Services, last revised December 2016, the P&P indicated routine and emergency dental services are provided to the residents through a contract agreement with a licensed dentist that comes to the facility monthly, referral to the resident's personal dentist, to a community dentist or to other health care organizations that provide dental services. The P&P also indicated if dentures are damaged or lost, residents will be referred for dental services within three days. If the referral is not made within three days, documentation will be provided regarding what is being done to ensure that the resident is able to eat and drink adequately while awaiting dental services, and the reason for the delay.</p>		