

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Charlestown Place at New Albany		STREET ADDRESS, CITY, STATE, ZIP CODE  4915 Charlestown Rd New Albany, IN 47150	

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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>Based on interview and record review, the facility failed to ensure routine dental services were provided timely for 3 of 4 residents reviewed dental services. Findings Include:1.The clinical record for Resident B was reviewed on 7/16/25 at 1:13 p.m. The resident's diagnoses included, but were not limited to, iron deficiency anemia, anxiety and chronic pain. The annual Minimum Data Set (MDS) assessment, dated 6/3/25, indicated the resident's cognition was intact.During an interview, on 7/16/25 at 4:25 p.m., the resident indicated she had not been seen by the dentist since she admitted to the facility.The admission paperwork, dated 10/5/23, and signed by the resident, indicated Resident B elected for the facility's third partner provider services for dental.The clinical record lacked documentation of a dental authorization/consent or any dental services provided to the resident since admission.During an interview, on 7/16/25 at 3:49 p.m., the Social Services Director (SSD) indicated she had been with the facility since March of this year. There had not been a great system in place for the dental services, and she had been auditing the consents. Social Services was responsible for the consents for the ancillary services. Residents with the elective services for dental should be seen every 6 months. Resident B had not received dental services at all that she could find. During an interview, on 7/18/25 at 11:58 a.m., the SSD indicated ideally and the best practice for those choosing ancillary services through the facility would be to have authorizations for services completed within 7 days after the admission paperwork was completed. There was no policy for that, but going forward, SSD would be handling all ancillary consents and authorizations. 2. The clinical record for Resident C was reviewed on 7/16/25 at 12:45 p.m. The resident's diagnoses included, but were not limited to, adult failure to thrive and depression. The quarterly MDS assessment, dated 6/17/25, indicated the resident's cognition was intact. During an interview, on 7/16/25 at 11:16 a.m., the resident indicated he had not been seen by the dentist since he admitted to the facility.The admission packet, dated 10/16/24, and signed by the resident, indicated Resident C elected for the facility's third partner provider services for dental.The clinical record lacked documentation of a dental authorization/consent or any dental services provided to the resident since admission. 3. The clinical record for Resident D was reviewed on 7/16/25 at 9:27 a.m. The resident's diagnoses included, but were not limited to, dementia with agitation and dysphagia.During a telephone interview on 7/16/25 at 10:38 a.m., Resident D's Power of Attorney (POA) indicated upon admission to the facility, he had sent messages to the SSD about dental work. When he went to see Resident D in February, he was concerned there was a possible dental issue and spoke to SSD again about his dental concerns. The dentist finally saw the resident 5 months later and she needed a lot of her teeth extracted.The admission paperwork, dated 1/22/25, indicated the resident's POA elected for the facility's third partner provider services for dental.The clinical record indicated the dental authorization was completed on 6/17/25.The ancillary dental services consent, dated 6/27/25, indicated the resident needed a total of 12 teeth extracted. This Citation relates to Complaint 13098303.1-24(a)</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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