| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365968 | A. Building<br>B. Wing | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Admiral's Pointe Nursing & Rehabilitation | 1920 Cleveland Rd W<br>Huron, OH 44839 |

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) |
|---|---|
| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38523<br><br>Based on record review, resident and staff interview and observations, the facility failed to ensure Resident #61 was assisted with the specific activity of daily living (ADL) of brushing her teeth. This had the potential to affect 18 residents on the memory care unit who required assistance with ADL. The facility census was 79.<br><br>Findings include:<br><br>Review of Resident #61's medical record revealed an admitted [DATE]. Diagnoses included dementia, dysphagia following cerebral infarction, and morbid obesity.<br><br>Review of the annual Minimum Data Set 3.0 (MDS) assessment dated [DATE] revealed she had moderate cognitive impairment. Her functional ability for oral hygiene revealed she required set up or clean up assistance for personal hygiene. The oral/dental status section revealed she did not have dentures. She had her own natural teeth that were not broken, loose, or likely to have a cavity. There was no abnormal mouth tissue. She did not have inflamed or bleeding gums. She did not have pain, discomfort or difficulty chewing. Her mouth was able to be examined.<br><br>Review of the care plan dated 04/14/24 revealed Resident #61 has her own teeth with probable decay. Interventions included completing an oral assessment per schedule and refer to the dentist as needed, provide oral care at least every day and more frequently as needed, and provide the resident with all necessary items to perform adequate oral care (i.e. toothbrush, toothettes, toothpaste and mouthwash). The care plan also stated Resident #61 may require assistance with ADLs and may be at risk for developing complications associated with decreased ADL self-performance. Fairly high functioning in controlled setting; level of functioning fluctuates at times. Interventions for oral care was supervision and report any changes in ADL self-performance.<br><br>Review of the dental appointment list for Resident #61 revealed she had an appointments on 05/01/23 and 01/22/24. The Summary Report dated 05/01/23 revealed Resident #61 had heavy calculus and moderate plaque and flossing was completed. Recommended her to use a proxabrush (a gentle in and out motion to remove plaque and food particles between teeth in hard-to-reach areas thats are missed by brushing alone). The dental documentation from the visit on 01/22/24 revealed oral hygiene instructions were given on brushing any dentition, her tongue and tissues along with rinsing and/or swabbing her mouth out daily to decrease bacteria. There was heavy calculus and heavy plaque. Flossing was unable to be completed. The recommendation was for staff to assist for daily hygiene.<br><br>(continued on next page) |



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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 365968 | A. Building<br>B. Wing | 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Admiral's Pointe Nursing & Rehabilitation | 1920 Cleveland Rd W<br>Huron, OH 44839 |

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) |
|---|---|
| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | Review of the oral care STNA task look back for Resident #61's dated 04/01/24 through 06/25/24 revealed the task was staff provided eight times and 133 times the document stated the resident performed the task.<br><br>Interview on 06/26/24 at 4:03 P.M. with Resident #61 revealed she brushes her teeth when she thinks about it. It was not always twice or even once a day.<br><br>Observations on 06/24/24 at 11:15 A.M. and 4:00 P.M., on 06/25/24 at 9:00 A.M. and 2:30 P.M., on 06/26/24 at 8:54 A.M. and at 4:05 P.M. revealed Resident #61's teeth, when she smiled revealed, her teeth were heavy with food debris and plaque.<br><br>Interview on 06/26/24 at 4:18 P.M. with State tested Nursing Assistant (STNA) #188 stated she was Resident #61's STNA on 06/25/24, 06/26/24 and 06/27/24, day shift. STNA #188 stated Resident #61 was independent for morning care including brushing her teeth and she brushes her own teeth. The STNA did not brush Resident #61's teeth.<br><br>Observation on 06/27/24 at 1:39 P.M. revealed Resident #61 did not have a proxabrush in her bathroom. She had a regular toothbrush, a bag of toothettes, a tube of toothpaste and mouth wash. |