

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/05/2024
NAME OF PROVIDER OR SUPPLIER Tallmadge Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 619 Northwest Avenue Tallmadge, OH 44278	

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** 38523</p> <p>Based on medical record review, resident and staff interview, and review of a facility policy, the facility failed to timely refer a resident for dental services when dentures went missing. This affected one (#51) of 16 residents identified by the facility who wore dentures. The census was 82.</p> <p>Findings include:</p> <p>Review of Resident #51's medical record revealed the resident was admitted on [DATE]. Diagnoses include morbid (severe) obesity due to excess calories, Alzheimer's disease, and gastro-esophageal reflux disease without esophagitis.</p> <p>Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed Resident #51 was severely impaired cognitively and was assessed with no natural teeth or tooth fragments and was edentulous.</p> <p>Review of a nursing progress note dated 07/21/24 revealed Resident #51 indicated her teeth (dentures) were missing. The resident stated she had them in a plastic cup in her chair last night. The room was searched by several staff and family, and the teeth were not found. A laundry aide verified no teeth were found in any clothing or linen.</p> <p>Interview on 08/01/24 at 8:07 A.M. with the Director of Nursing (DON) revealed she was not aware of any dentures missing for Resident #51.</p> <p>Interview on 08/01/24 at 9:01 A.M. with Resident #51 verified she was missing her dentures. Resident #51 stated the facility looked, but did not find them and no emergency dental care was set up for her.</p> <p>Interview on 08/01/24 at 8:56 A.M. with the Assistant Director of Nursing (ADON) revealed she heard about Resident #51's missing dentures and stated the social worker would handle the issue.</p> <p>Interview on 08/05/24 at 8:15 A.M. with the Director of Social Services (DSS) revealed 08/01/24 was the first she was made aware about Resident #51's missing dentures. DSS stated she would begin the process of getting Resident #51 referred to dental services.</p> <p>Interview on 08/05/24 at 1:30 P.M. with the Administrator and ADON revealed they looked in Resident #51's room again for the missing dentures and did not find them.</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>Interview with the Administrator on 08/05/24 at 11:30 A.M. revealed she did not know Resident #51's dentures were missing and dental services were in the morning of 08/05/24 to begin the replacement process for the missing dentures.</p> <p>Review of the facility policy titled, Dental Services Policy, dated 04/02/24, revealed the facility will promptly, within three days, refer residents with lost or damaged dentures for dental services. The Director of Nursing Services, or his/her designee, or any clinical staff member is responsible for notifying Social Services of a resident's need for dental services.</p> <p>This deficiency represents non-compliance investigated under Master Complaint Number OH00156123.</p>		