

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395350	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Locust Grove Retirement Village		STREET ADDRESS, CITY, STATE, ZIP CODE 69 Cottage Road Mifflin, PA 17058	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44738</p> <p>Based on clinical record review and staff interview it was determined that the facility failed to obtain dental care for one of six residents reviewed for dental concerns (Resident 1).</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 was admitted to the facility on [DATE].</p> <p>A review of the diagnoses list for Resident 1 included the following: severe intellectual disabilities, a mixed receptive-expressive language disorder, and the need for assistance with personal care.</p> <p>Review of the current physician orders for Resident 1 included the following: Dental as needed and nothing by mouth, both dated February 26, 2024.</p> <p>Review of the current Minimum Data Set Assessment (MDS, an assessment completed at specific intervals to determine care needs) for Resident 1 dated April 6, 2024, revealed that the resident is rarely/never understood and is dependent on staff for personal hygiene.</p> <p>An admission MDS for Resident 1 dated March 4, 2024, revealed that the staff assessed the resident has having obvious or likely cavity or broken natural teeth.</p> <p>Nursing documentation for Resident 1 dated March 4, 2024, at 9:15 AM revealed the resident has her own teeth with some missing and some cavity like areas.</p> <p>Nursing documentation for Resident 1 dated June 4, 2024, at 6:42 AM revealed the resident has natural teeth with some missing and some cavity like areas.</p> <p>Observation of Resident 1 on June 18, 2024, at 11:30 AM with the Director of Nursing (DON) revealed that the resident had natural teeth. There were some teeth missing. The gums appeared erythematous (reddened) in a thin line just above the front teeth on at least two of the teeth in the upper jaw. The teeth were discolored. The exam was limited based on resident movement.</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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further clinical record review for Resident 1 revealed no evidence that the facility offered the resident's responsible party routine dental services since admission or addressed the concerns related to the nursing documentation and MDS that assessed the resident's teeth as some missing and some cavity like areas.</p> <p>An interview with the DON on June 18, 2024, at 1:03 PM revealed that the resident is on the dental list for an upcoming appointment in July 2024. However, the facility had no further documentation to indicate the resident's responsible party was offered or refused dental services. The DON further noted the dental provider comes to the facility every three months and was last here in March 2024. The resident was not seen at that time per the DON.</p> <p>A review of the facility documentation for upcoming appointments revealed that the resident was added by the facility to the July 2024 appointment list on June 18, 2024, after being discussed with the surveyor.</p> <p>An interview with the Nursing Home Administrator (NHA) on June 18, 2024, at 3:01 PM confirmed that there was no evidence to indicate the Resident 10's responsible party was offered any routine or emergency dental services or refused the services. The NHA further noted at the time of the interview that there was no evidence in Resident 10's admission packet to indicate any dental services were discussed, offered, or refused by Resident 10's responsible party.</p> <p>The facility failed to offer, provide, or obtain routine dental services to meet the needs of Resident 10.</p> <p>The above information was reviewed in a meeting with the NHA and DON on June 18, 2024, at 3:36 PM.</p> <p>28 Pa. Code 211.12(d)(3) Nursing services</p>