

Dental Status and Services Critical Element Pathway

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use
Use this protocol for a sampled resident having oral/dental problems such as broken, carious or loose teeth; inflamed gums; mouth sores or mouth pain; denture problems; or chewing problems. NOTE: If mouth or facial pain was identified in Stage 1, the Pain care area must be initiated and completed.

Procedure
<input type="checkbox"/> Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made. <input type="checkbox"/> Corroborate observations by interview and record review.

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Observations (if the resident is still in the facility)	
<p>Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes, including but not limited to the following:</p> <p><input type="checkbox"/> Exhibited signs of dental and oral health concerns:</p> <ul style="list-style-type: none">▪ Difficulties with chewing;▪ Dentures that fit improperly;▪ Lack of dentures if edentulous;▪ If the resident is not receiving anything by mouth (NPO), lack of special mouth care to maintain the health of oral mucous membranes;▪ Medications for the oral cavity incorrectly applied/administered; and▪ Redness, sores, white patches in the mouth, dried cracked lips, dry furrowed tongue, or other manifestations reflecting oral conditions. <p><input type="checkbox"/> Whether sufficient staff are available to provide assistance with dental/oral health concerns, as needed.</p> <p><input type="checkbox"/> Whether medications for the oral cavity are correctly applied/administered. (See Medication Administration).</p>	<p>Notes:</p>

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Staff Interviews

Interview staff on various shifts to determine:

- Knowledge of oral/dental services, interventions, or treatments that should be carried out, including follow-up visits or recommendations from a dentist provided to the facility, and how this information is communicated to direct-care staff including staff from different shifts;
- Whether nursing assistants know what, when, and to whom to report indications of oral/dental changes, including oral/dental pain;
- How staff monitor for the implementation of the care plan, effectiveness of interventions, and any changes in symptoms that have occurred over time; and
- How the facility ensures that a dentist is available for residents in accordance with professional standards of quality and timeliness.

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Assessment	
<p>Review the MDS, physician orders, dental consultations and other interdisciplinary progress notes that may have information regarding the assessment of dental and oral needs, and resident responsiveness to dental and oral services. Determine whether the assessment information accurately and comprehensively reflects the status of the resident for:</p> <p><input type="checkbox"/> Causal, contributing, and risk factors for dental and oral health status:</p> <ul style="list-style-type: none">▪ Staff identify and address relevant conditions such as broken, fractured, or loose, or absence of teeth, inflamed gums, cracking at the corners of the mouth, coated tongue, redness or white patches of the mouth tissue, taste dysfunction, pain due to oral/dental health (See Pain CE), or decreased salivation due to medication such as anticholinergic effects of antidepressants, antihistamines, and antiarrhythmic agents. (Note: There are many medications that cause dry mouth in addition to the common drug classifications listed above.);▪ Staff identify medical conditions/treatments that might impact upon the oral condition of the resident (such as oral cancer, chemotherapy, irradiation, diabetes, terminal health status, or immune compromised conditions);▪ If the resident does not have natural teeth, staff assess the condition of any artificial teeth (dentures); and▪ Risk factors for inadequate oral hygiene potentially leading to a decline in oral/dental health such as manual dexterity or upper extremity flexibility impairments, communication deficits, impaired cognition, impaired vision, and depression. <p><input type="checkbox"/> The impact of oral health on the ability to consume foods. If the resident requires mechanically altered foods due to oral condition, staff complete an assessment to determine what the resident is capable of safely consuming;</p>	<p>Notes:</p>

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Assessment

- If weight loss occurred, staff assessed to determine whether weight loss was attributable to the oral/dental condition, such as difficulty with chewing foods in the absence of teeth, oral/dental pain, or with improperly adjusted/fitted dentures;
- The need for regular oral inspections by a physician, dentist, dental hygienist, or nursing staff, as appropriate, or the need for response to dental care recommendations;
- If the resident refuses or resists dental or oral services, the assessment discusses causal and contributing factors of the refusal;
- Facility effort to assist the resident in making appointments and obtaining transportation to and from the dentist's office; and
- The need for, and use of, dentures or other dental appliances.
- Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that:
 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting;"
 2. Impacts more than one area of the resident's health status; and
 3. Requires interdisciplinary review and/or revision of the care plan.If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate **F274, Resident Assessment When Required**. If a comprehensive assessment was not conducted, also cite F272.

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Assessment

1. If the condition or risks were present at the time of the required comprehensive assessment, did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify the risks and/or to determine underlying causes (to the extent possible) of the resident's dental/oral condition and the impact upon the resident's function, mood, and cognition?

Yes No **F272**

NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS

NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*

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Care Planning

If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 “NA, the comprehensive assessment was not completed”.

- Determine whether the facility developed a care plan that was consistent with the resident’s specific conditions, risks, needs, behaviors, and preferences and current standards of practice, and included measurable objectives and timetables, with specific interventions/services for the management and treatment of oral/dental symptoms.
- If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of oral/dental status are integrated within the overall care plan, the interventions do not need to be repeated.
- Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan utilizes assessment information in the development of the care plan and addresses relevant factors such as:
 - The need for scheduled/routine dental examinations or referrals for evaluation of identified oral/dental health problems. If so, the plan identifies how staff would assist in arrangements for dental/oral care services;
 - Directions for oral/dental/denture care, in relation to the identified problems (such as oral pain, oral lesions, inflamed gums, decreased salivation/dry mouth, etc.) and relevant conditions (such as oral cancer, immune compromised conditions, end of life comfort care, etc.);

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Care Planning

- Directions for oral/dental/denture care, including use of assistive oral care devices, and in relation to the amount of assistance needed to ensure proper care; and
- Nutritional issues including the need for a mechanically altered diet and the risk for, or presence of, nutritional problems such as weight loss secondary to the oral/dental condition.

If the resident refuses oral/dental care or is resistant to care or services, the care plan reflects efforts to find alternative means to address the needs identified in the assessment process.

If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a plan of care with measurable goals and interventions to address the care and treatment related to the resident's dental/oral health in accordance with the assessment, resident's wishes, and current standards of practice?

Yes No F279

NA, the comprehensive assessment was not completed

*The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the CAAS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281, Professional Standards of Quality**.*

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Care Plan Implementation by Qualified Persons

Observe care and interview staff over several shifts and determine whether:

- Care is being provided by qualified staff, and/or
- The care plan is adequately and/or correctly implemented.

3. Did the facility provide or arrange to provide services by qualified persons in accordance with the resident's written plan of care? Yes No **F282**

NA, no provision in the written plan of care for the concern being evaluated

NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.

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Care Plan Revision

If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed".

- Determine whether the staff have been monitoring the resident's response to interventions for prevention and/or treatment, and have evaluated and revised the care plan based on the resident's response, outcomes, and needs.
- Review the record and interview staff for information and/or evidence that:
 - Continuing the current approaches meets the resident's needs, if the resident has experienced recurring or continued oral/dental symptoms and staff did not revise the care plan;
 - Staff identified an unexpected decline or lack of improvement in dental health and ensured that proper treatment was obtained in a timely fashion;
 - Staff revised/updated the care plan with more appropriate goals or interventions based on a determination of causal/risk factors (e.g., unstable condition, acute change in condition, change in medications, refusal to continue with dentist's recommendations); and
 - The resident and/or the responsible person was involved in the review and revision of the plan.

4. Did the facility reassess the effectiveness of the interventions and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?

Yes No **F280**

NA, the comprehensive assessment was not completed OR the care plan was not developed

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Provision of Care and Services	
<p>Determine whether staff have:</p> <p><input type="checkbox"/> Recognized and assessed factors affecting the resident’s oral/dental status;</p> <p><input type="checkbox"/> Implemented pertinent interventions to ensure that routine and emergency dental services were available and provided promptly in a fashion consistent with resident condition, goals, and recognized standards of practice;</p> <p><input type="checkbox"/> Monitored and evaluated the resident’s response to oral/dental services; and</p> <p><input type="checkbox"/> Revised the approaches as appropriate.</p>	<p>Notes:</p>
For private-pay or Medicare-funded residents:	
<p>5. Based on observation, interviews, and record review did the facility promptly provide, or obtain from an outside resource, routine and emergency dental services to meet the needs of the private pay resident or the resident who is receiving Medicare funding, including assisting with appointments and transportation arrangements?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No F411</p> <p><input type="checkbox"/> NA, the resident is not private-pay and is not Medicare-funded</p>	<p>Notes:</p>

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Provision of Care and Services	
For Medicaid-funded residents:	
<p>6. Based on observation, interviews, and record review did the facility promptly provide, or obtain from an outside resource, routine and emergency dental services to meet the needs of the resident who is receiving Medicaid funding, including assisting with appointments and transportation arrangements?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No F412</p> <p><input type="checkbox"/> NA, the resident is not funded by Medicaid</p>	Notes:

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of dental status and services, the surveyor may have identified concerns with related structure, process and/or outcome requirements, such as the examples listed below. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance.

- Notification of Changes** — Determine whether staff:
 - Consulted with the physician regarding significant changes in the resident's condition, including the need to alter treatment significantly or failure of the treatment plan; and
 - Notified the resident's representative (if possible) of significant changes in the resident's condition.
- Social Services** — Determine whether the facility is providing medically-related social services, including promotion of physical, mental, and psychosocial well-being by addressing any unmet needs related to dental/denture care.
- F271, Admission Orders** — Determine whether the facility received physician orders for provision of immediate care before conducting the comprehensive assessment and developing an interdisciplinary care plan.
- F278, Accuracy of Assessments** — Determine whether staff, that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline, conducted an accurate assessment.
- F281, Professional Standards** — Determine whether the services provided or arranged by the facility met professional standards of quality. Professional standards of quality is defined as services that are provided according to accepted standards of clinical practice.

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- F309, Quality of Care** — Determine whether staff have:
 - Recognized and assessed factors placing the resident at risk for specific conditions, causes and/or problems;
 - Defined and implemented interventions in accordance with resident needs, goals, and recognized standards of practice;
 - Monitored and evaluated the resident's response to preventive efforts and treatment; and
 - Revised the approaches as appropriate.
- Activities of Daily Living (Services to Maintain Oral Hygiene)** — For residents unable to carry out their own oral hygiene, determine whether staff provided necessary services to maintain the mouth in a clean and intact condition including treatment of any oral lesions or ulcers of the mucosa. Oral hygiene includes brushing teeth, cleaning dentures, cleaning the mouth, and applying medication as prescribed to treat oral pathology.
- Sufficient Nursing Staff** — Determine whether the facility had qualified staff in sufficient numbers to provide necessary care and services to maintain oral hygiene, based upon the comprehensive assessment and care plan.
- F501, Medical Director** — Determine whether the medical director:
 - Assisted the facility in the development and implementation of policies and procedures and that these are based on current standards of practice; and
 - Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the residents.

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

- F514, Clinical Records** - Determine whether the clinical records:
- Accurately and completely document the resident's status, the care and services provided in accordance with current professional standards and practices; and
 - Provide a basis for determining and managing the resident's progress, including response to treatment, change in condition, and changes in treatment.