

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495257	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER THE LAURELS OF WILLOW CREEK		STREET ADDRESS, CITY, STATE, ZIP 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	
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 0790 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide routine and 24-hour emergency dental care for each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on clinical record review, staff interview, facility document review and in the course of a complaint investigation it was determined facility staff failed to provide needed dental services for one of six residents in the survey sample, Resident #2. On 3/12/2020 the physician pleased an order to arrange a dental appointment for Resident #2 due to jaw pain. There was no documentation the facility staff had attempted to schedule a dental appointment for Resident #2 as ordered. The findings include: The resident was identified in a complaint and no longer resided at the facility. The resident was assigned #2 for identification purposes. The record was reviewed as a closed record. Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #2's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 02/28/2020, coded Resident #2 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Section G documented Resident #2 as requiring limited assistance of one person for transfers, dressing, toilet use and supervision of one person for eating. Section L documented no dental issues. Section E of the Nursing Comprehensive Evaluation dated 02/21/2020 19:31 (7:31 p.m.) documented Resident #2 as having missing/cracked teeth on admission. Section E further documented Resident #2 not having chewing difficulties or swallowing difficulties. The comprehensive care plan for Resident #2 dated 03/10/2020 documented in part, (Resident #2) is at risk for infection/complications r/t (related to) history of tooth abscess prior to admission family status did not complete ABX (antibiotic) treatment. Date Initiated 03/02/2020. Revision on: 03/02/2020. Under Interventions, it documented in part, Dental consult/assist guest and/or family with set up as needed. Date Initiated: 03/02/2020. The physician's orders [REDACTED]. Order date- 03/12/2020. - [MEDICATION NAME] Tablet 500 MG (milligram) Give 1 (one) tablet by mouth three times a day for tooth abscess history for 7 (seven) days. Order date- 03/02/2020, Start date- 03/02/2020, End date- 03/09/2020. - [MEDICATION NAME] Tablet 500 MG, Give 1 (one) tablet by mouth three times a day for tooth abscess history for 7 (seven) days. Order date- 03/12/2020, Start date- 03/12/2020, End date- 03/19/2020. - 3/16/2020 08:20 (8:20 a.m.) Send to ER (emergency room) for evaluation of abscess. The Hospitalist Progress Note included in Resident #2's pre-admission medical records dated 02/19/20 07:58 (7:58 a.m.) from (Name of Hospital) documented in part, .dental abscess (dx (diagnosed) as outpatient) - resolved . Review of Resident #2's facility progress notes revealed the following: - 3/2/2020 11:00 (11:00 a.m.) NP (Nurse Practitioner) Progress Note: CC: (chief complaint) tooth pain. HPI: (history of present illness) Seeing pt (patient) who had an abscess on tooth before coming to facility and is having some pain in the left lower jaw area .pain on left side of jaw .jaw pain from possible tooth abscess-new; will restart [MEDICATION NAME] (antibiotic). Will need to arrange dentist appt (appointment) if sx (symptoms) not improved or in the next 2 (two) weeks for further evaluation. - 3/4/2020 22:24 (10:24 p.m.) Physician Note: .Currently doing well without acute medical concerns per nursing staff .jaw pain from possible tooth abscess-new; will restart [MEDICATION NAME]. Will need to arrange dentist appt if sx not improved or in the next 2 (two) weeks for further evaluation. - 3/6/2020 19:08 (7:08 p.m.) NP Progress Note: . (Resident #2) recently had an abscess on tooth before coming to facility and was started on [MEDICATION NAME] due to pain in jaw until appt with dentist .pain on left side of jaw .jaw pain from possible tooth abscess-ongoing; [MEDICATION NAME], will need to arrange dentist appt . - 3/10/2020 07:00 (7:00 a.m.) NP Progress Note: . (Resident #2) is being treated for [REDACTED].jaw pain from possible tooth abscess-ongoing; stable, pain is resolved, course of [MEDICATION NAME] ends today . - 3/12/2020 01:15 (1:15 a.m.) Nurses Notes: Received S/R (shift report) from off going nurse: right jaw red and swollen. Received patient lying in bed awake w/NADN (with no acute distress noted). Left jaw red and very [MEDICAL CONDITION] (swollen). Denied any pain or discomfort at initial assessment. VSS (vital signs stable) at this time (Resident #2) was noted OOB (out of bed) w/ (with) walker standing outside room. Upon assessment, (Resident #2) complained of left jaw pain. Medicated for same with Tylenol per order. Will continue to monitor and maintain comfort and safety. - 3/12/2020 16:11 (4:11 p.m.) NP Progress Note: CC: tooth pain, HPI: Seeing pt who continues with some pain in tooth .pain on left side of jaw .jaw pain from possible tooth abscess-ongoing; [MEDICATION NAME]. Will need to arrange dentist appt as soon as possible. - 3/16/2020 08:00 (8:00 a.m.) NP Progress Note: Pt appears to have worsening L (left) sided dental abscess. (Resident #2) has already completed one 7-day (seven day) course of PO (by mouth) [MEDICATION NAME] and has been started on a second course 3 (three) days ago. However, the abscess is worsening and continues to grow in size. A request for a dental appointment has been placed and is pending; however, pt needs to be assessed in the ED (emergency department) for a potential need for IV (intravenous) abx (antibiotics). Plan was discussed with pt and she is agreeable to being seen in the ED for further evaluation/management. - 3/16/2020 08:16 (8:16 a.m.) Nurses Notes: Guest oriented on being sent to emergency room for further evaluation. The facility progress notes failed to evidence documentation of a pending dental appointment set up for Resident #2 or any attempts made to arrange a dental appointment to evaluate the abscess. The SNF (skilled nursing facility)/NF (nursing facility) to hospital transfer form for Resident #2 dated 03/16/2020 08:18 (8:18 a.m.) documented in part, Reason(s) for transfer: Other and On antibiotics: Name- [MEDICATION NAME] Tablet (antibiotic) 500 MG (milligram), Indication- Dental Abscess, Date started- 03/09/2020 . The eMAR (Medication Administration Record) dated 3/1/2020-3/31/2020 documented Resident #2 receiving the following medications: [REDACTED]. Start Date: 03/02/2020 0900 (9:00 a.m.). The MAR indicated [REDACTED]. - [MEDICATION NAME] Tablet 500 MG, Give 1 (one) tablet by moth three times a day for tooth abscess history for 7 (seven) days. Start Date: 03/12/2020 0900 (9:00 a.m.). The MAR indicated [REDACTED]. On 9/29/20 at approximately 12:00 p.m., ASM (administrative staff member) #2, the director of nursing stated that scheduled appointments for residents were documented in a schedule book kept at the nurse's station. A request was made to ASM #2 for the scheduled appointments for March of 2020. On 9/29/20 at approximately 12:30 p.m., ASM #2 provided copied pages of a handwritten calendar book for 3/1/2020 through 3/31/2020. The pages failed to evidence documentation of a scheduled dental appointment for Resident #2 through 3/31/2020. The Emergency Provider Report dated 03/16/20 1003 (10:03 a.m.) from (Name of Hospital) documented in part, .presents via (by way of) EMS (emergency medical services) for 2.5 (two and a half) weeks of worsening facial swelling on the left side, dental pain. Patient reportedly is on 10 (ten) days of antibiotics, sounds to be Keflex (antibiotic). Patient denies fevers, endorses fatigue and sweats and chills .(Resident #2) reports worsening pain in (Resident #2's) face, (Resident #2) indicated that it is currently 6/10 (six out of possible ten). Patient reports inability to fully open mouth not secondary to the pain and swelling . It further documented, .IV (intravenous) [MEDICATION NAME] (antibiotic) and [MEDICATION NAME] (antibiotic) as well as IV fluids were administered to the patient, (Resident #2) will be transferred to PCU (progressive care unit) as patient has a large abscess eroding through the mandible . The Operative Report dated 03/17/2020 from (Name of Hospital) documented in part, .Procedures: Incision and drainage of the left masseteric (muscle that raises the lower jaw for chewing) abscess, the left submandibular (beneath the jaw) abscess, and extraction of tooth #19. Considerable pus was drained from the wounds . The Discharge Summary dated 03/23/20 from (Name of Hospital) documented in part, .(Resident #2) presented to ED (emergency department) w/ (with) L (left) sided facial swelling. CT (computed tomography/x-rays producing cross section images) in ED showed large abscess involving mandible (jaw bone). Pt admitted and placed on broad spectrum antibiotics. OMFS (oral,</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.

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F 0790 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>maxillofacial surgeons) consulted and performed surgical removal of the 19th tooth and I&D (incision and drainage) of left submasseteric (beneath the muscle that raises the lower jaw for chewing), submandibular (beneath the jaw) and submental (portion of the anterior portion of the neck) abscesses . On 9/29/20 at approximately 12:00 p.m., ASM (administrative staff member) #2, the director of nursing stated that the staff member that was responsible for scheduling appointments for residents in February and March was no longer employed at the facility. On 9/29/20 at approximately 12:50 p.m., ASM #1, the administrator stated that the nurse practitioner and physician no longer worked at the facility. ASM #1 also stated that the nurse who documented the nurses note on 3/12/2020 01:15 (1:15 a.m.) no longer worked at the facility. On 9/29/20 at 3:45 p.m., a telephone interview was conducted with OSM (other staff member) #1, scheduler. OSM #1 stated that they had worked at the facility since April of 2020. OSM #1 stated that they set up follow up appointments for residents after hospitalization s and work with the family members to arrange transportation. OSM #1 stated that residents also come to them to ask for their help in setting up outside appointments or transportation to existing appointments. OSM #1 stated that often the nurse practitioner put orders in for them to set up appointments for residents. OSM #1 stated that there was normally guidance to assist them in knowing how urgently the appointment was needed. OSM #1 stated that if there were a concern in making an appointment for a resident they would work with the nurse to determine if the appointment could be made elsewhere or if it could wait. On 9/29/20 at 4:00 p.m., a telephone interview was conducted with RN (registered nurse) #1, the unit manager. RN #1 stated that staff are in resident rooms at least every two hours to check residents during the day and frequently during the night. RN #1 stated that if a resident is experiencing health concerns they were checked more frequently. RN #1 stated that the physician or nurse practitioner were called when there was a change in the resident's condition. RN #1 stated that all staff had access to the physician on call schedule for after hours and weekend needs. RN #1 stated that they were present when Resident #2 was transferred to the emergency roiaognom on [DATE]. RN #1 stated that Resident #2's jaw was red and swollen at the time of transfer and that when they had seen Resident #2 previously it was only slightly swollen. RN #1 stated that there was no outward drainage observed from Resident #2's tooth. RN #1 stated that Resident #2 did not have any problems with their tooth when they were admitted to the facility on [DATE] but had a prior history of an abscess while in the hospital. RN #1 stated that the nurse practitioner had examined Resident #2 and treated them with antibiotics for the abscess. RN #1 stated that they did not remember Resident #2 complaining about the tooth except for a couple of days prior to them being sent to the emergency room . RN #1 stated that they did not remember anything specific regarding anyone setting up an appointment for Resident #2 at the dentist. RN #1 stated that residents were sent out of the facility to see the dentist depending on their insurance and personal preference. RN #1 stated that Resident #2 was alert and oriented x 2 (person and place) and that they or their responsible party never requested a dental appointment to them. On 9/30/20 at 8:15 a.m., a telephone interview was conducted with LPN (licensed practical nurse) #3. LPN #3 stated that they remembered working with Resident #2. LPN #3 stated that Resident #2 had an abscess in their mouth that worsened over approximately a week. LPN #3 stated that Resident #2 received a referral to see a dentist and they thought that they had an appointment scheduled but was not sure when it was or if it was documented anywhere. LPN #3 stated that when they receive an order to set up an appointment for a resident the secretary consults the family to work with them to arrange the appointment details. LPN #3 stated that Resident #2 complained of jaw pain and was treated with pain medication and antibiotics. LPN #3 stated that Resident #2 was very anxious and it was hard to tell if the pain medication was effective or not. LPN #3 stated that Resident #2 would repeat themselves frequently. LPN #3 stated that Resident #2 never had a fever as far as they knew or any drainage from their mouth. LPN #3 stated that Resident #2's mouth became swollen the week that they were sent to the emergency room . LPN #3 stated that Resident #2 did not have any problems eating because of the abscess that they were aware of and that the nurse practitioner was treating them. On 9/30/20 at approximately 2:20 p.m., a telephone interview was conducted with ASM #2, the director of nursing. ASM #2 stated that Resident #2 was sent to the emergency roiaognom on [DATE] because of a knot on the side of (Resident #2's) face and they had not worked the week prior to see them. ASM #2 stated that requests to schedule appointments for residents usually came in as an order in the computer when the physician or nurse practitioner could not find anyone to tell them face to face at the time. ASM #2 stated that normally the nurse practitioner or physician lets the unit manager or the scheduler know to schedule the appointment for the resident. When asked if a tooth abscess would be considered a need for an emergent dental appointment, ASM #2 stated, Yes. When asked the facilities responsibility in providing dental care to the residents, ASM #2 stated that if a resident complained of dental pain or requested a dental appointment they would speak with the family. ASM #2 stated that they check with the family to see if they wanted them to schedule the appointment or if they wanted to do it. The progress notes documented above were reviewed by phone with ASM #2, ASM #2 stated that they were not aware of any dental appointment being set up for Resident #2 by the facility. On 9/30/20 at approximately 3:10 p.m., a telephone interview was conducted with OSM #3, the social worker. OSM #3 stated that at times routine appointments come to them to assist in scheduling but normally they go through the secretary or the scheduler to set them up. OSM #3 stated that they communicated with Resident #2's power of attorney on multiple occasions and a dental consultation was never discussed. OSM #3 stated that they have a dentist office located next door to the facility that they could use and they seek out the resident's preference when setting up appointments. OSM #3 stated that they had a discharge meeting with Resident #2 on 3/10/20 and they never mentioned needing a dental appointment to them during the meeting. On 9/30/20 at approximately 9:15 a.m., a request was made to ASM (administrative staff member) for any documentation of dental appointments scheduled or attempted for Resident #2. On 9/30/20 at approximately 12:45 p.m., ASM #1, the administrator stated by telephone that they did not have any documentation of dental appointments for Resident #2. ASM #1 stated that the order to schedule to dental appointment was written by the nurse practitioner on a Thursday afternoon and Resident #2 was sent to the emergency roiaognom on Monday morning. ASM #1 stated that during that time they were having issues scheduling some appointments but did not have any documentation regarding attempts to schedule a dental appointment for Resident #2. On 8/26/20 at approximately 2:30 p.m., a request was made to ASM #2, the director of nursing for the facility policy regarding dental services for residents. The facility policy Dental Services from the (Name of company) Administrative Policy Manual dated Rev 11/16 was reviewed. The policy documented in part, The facility will provide or obtain from an outside resource, routine and twenty-four (24) hour emergency dental services to meet the needs of each guest and also when requested by guest .If necessary, the facility must assist the guest in making appointments, arranging transportation to and from the dentist's office, and promptly referring guests with lost or damaged dentures to a dentist. On 9/30/20 at approximately 3:40 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. References: 1. Malnutrition Food provides the energy and nutrients you need to be healthy. If you don't get enough nutrients -- including proteins, carbohydrates, fats, vitamins, and minerals - you may suffer from malnutrition. This information was obtained from the website: https://medlineplus.gov/malnutrition.html 2. BMI A good way to decide if your weight is healthy for your height is to figure out your body mass index (BMI). You and your health care provider can use your BMI to estimate how much body fat you have. Your BMI estimates how much you should weigh based on your height. There are many websites with calculators that give your BMI when you enter your weight and height. You can also calculate it yourself: Multiply your weight in pounds by 703. Divide that answer by your height in inches. Divide that answer by your height in inches again. For example, a woman who weighs 270 pounds (122 kilograms) and is 68 inches (172 centimeters) tall has a BMI of 41.0. Use the chart below to see what category your BMI falls into, and whether you need to be concerned about your weight. BMI CATEGORY Below 18.5 Underweight 18.5 to 24.9 Healthy 25.0 to 29.9 Overweight 30.0 to 39.9 Obese Over 40 Extreme or high risk obesity This information was obtained from the website: https://medlineplus.gov/ency/article/6.htm 3. Anxiety Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary. 4. Periapical abscess without sinus A tooth abscess is a buildup of infected material (pus) in the center of a tooth. It is an infection caused by bacteria. Causes: A tooth abscess may form if there is tooth decay. It may also occur when a tooth is broken, chipped, or injured in other ways. Openings in the tooth enamel allow bacteria to infect the center of the tooth (the pulp). Infection may spread from the root of the tooth to the bones supporting the tooth. Infection results in a buildup of pus and tissue swelling within the tooth. This causes a toothache. The toothache may stop if pressure is relieved. But the infection will remain active and continue to spread. This will cause more pain and can destroy tissue. This information was obtained from the website: https://medlineplus.gov/ency/article/0.htm</p>		