

Stage II – Critical Elements for Dental Status and Services

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 I, the Pain CE must also be completed.

Procedure

- Briefly review the assessment, care plan, and orders to identify facility interventions and to guide observations to be made.
- 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	
<p>Interview staff on various shifts to determine:</p> <ul style="list-style-type: none"><input type="checkbox"/> 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;<input type="checkbox"/> Whether nursing assistants know what, when and to whom to report indications of oral/dental changes, including oral/dental pain;<input type="checkbox"/> How staff monitor for the implementation of the care plan, effectiveness of interventions, and any changes in symptoms that have occurred over time; and<input type="checkbox"/> How the facility ensures that a dentist is available for residents in accordance with professional standards of quality and timeliness.	<p>Notes:</p>
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> <ul style="list-style-type: none"><input type="checkbox"/> Causal, contributing and risk factors for dental and oral health status:<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);	<p>Notes:</p>

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Assessment

- 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.
- 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;
- 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.

1. Did the facility adequately assess to determine the dental/oral condition of the resident? Yes No **F272**

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Assessment	
<p><i>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.</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	
Care Planning	
<p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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:</p>	<p>Notes:</p>

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Care Planning

- 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.);
- 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 care plan that addresses the dental/oral health needs of the resident? Yes No F279

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

*Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under **F271**.*

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Care and Services Meet Professional Standards

Interviews with Health Care Practitioners and Professionals: If the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., charge nurse, director of nursing, dentist) who, by virtue of training and knowledge of the resident, should be able to provide information about the causes, treatment and evaluation of the resident’s oral/dental status. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate.

Depending on the issue, ask about:

- Whether the facility has arrangements with a consultant dentist to provide dental services;
- Whether the facility assures that needed services, interventions and treatments for dental and/or oral cares are provided in a timely fashion according to standards of practice;
- How it was determined that chosen interventions were appropriate;
- Changes in condition that may justify additional or different interventions; or
- How staff validated the effectiveness of current interventions.

3. Did the facility implement practices that meet professional standards of quality? Yes No **F281**

Note: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.

Notes:

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Care Plan Revision

- 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 revise the plan of care as needed?

Yes No **F280**

Notes:

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Provision of Care and Services	
<p>Criteria for Compliance: When determining compliance with regulations that address oral/dental needs, the facility is in compliance with these requirements, if staff have:</p> <ul style="list-style-type: none"><input type="checkbox"/> Recognized and assessed factors affecting the resident's oral/dental status;<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;<input type="checkbox"/> Monitored and evaluated the resident's response to oral/dental services; and<input type="checkbox"/> Revised the approaches as appropriate. <p>The facility failure to ensure that proper dental care was received should be cited at:</p> <ul style="list-style-type: none"><input type="checkbox"/> F411, Dental Services — Whether routine and emergency dental services to meet the needs of the resident were not provided for a private pay resident or a resident receiving Medicare funding. (The facility is responsible for having the dental services available but may impose an additional charge for the services.)<input type="checkbox"/> F412, Dental Services — Whether routine and emergency dental services to meet the needs of the resident were not provided for a resident receiving Medicaid funding. <p>5. Based on observation, interviews, and record review did the facility provide or obtain from an outside resource, dental services to meet the needs of the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>*NOTE: If the resident experienced mouth, oral or facial pain, in addition to determining if dental services were provided to meet the needs of the resident, facility care and services to address the presence of pain should be evaluated by completing the Pain CE.</p>	<p>Notes:</p>

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

During the investigation of dental status and services, the surveyor may have identified concerns with related outcome, process and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):

- F250, 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.
- F312, 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.
- F353, Sufficient 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.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.

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