

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335600	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER THE GRAND REHABILITATION AND NURSING AT UTICA		STREET ADDRESS, CITY, STATE, ZIP 1657 SUNSET AVE UTICA, NY 13502	
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 F 0791	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review during the abbreviated survey (NY 022), the facility did not ensure residents received routine dental services for 1 (Resident #1) of 3 residents reviewed. Specifically, for Resident #1, the facility did not obtain the services of an outside dentist when a tooth extraction was recommended by the in house dentist. Findings include: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS) dated [DATE], documented the resident had intact cognition. There was no documentation of mouth or facial pain documented for oral/dental status on the MDS. The annual 5/2/19 dental record (completed by the in house dentist) documented the resident had decay on tooth #28 (first premolar). The resident stated it hurt and wanted it extracted. The record documented the dentist recommended the resident be sent to an outside dentist for an extraction. The facility's 5/29/19 in house dentist's record documented the resident had not yet had the outside dental appointment, and to please schedule an appointment. The facility's 6/20/19 in house dentist's record documented the facility was still trying to arrange an appointment for an extraction at an outside dentist for the resident. The 11/17/19 comprehensive care plan (CCP) documented the resident had oral/dental health problems related to cavities and missing teeth. Interventions included to refer to a dentist as needed. The outside dental consult on 11/27/19 documented the resident had pain on tooth #28 and an extraction was recommended at the next visit. There was no documentation a follow-up visit was scheduled or occurred with the outside dentist as recommended. The facility's 6/8/20 dental record documented caries (tooth decay). The dentist did not document the location of the caries, what the plan was for treatment was or if tooth #28 had been extracted. During an interview on 7/23/20 at 10:40 AM, the resident stated she/he had seen the dentist on 2 occasions. The dentist made a referral for an extraction and the tooth needed to come out since she/he was admitted, and she/he still had not been seen for the extraction. During a telephone interview on 7/26/20 at 8:26 AM, registered nurse (RN) #8 stated she was aware the resident was refusing the facility's internal dentist and wanted to be seen by an outside consultant. Sometime around April 2020, the resident approached her about going to an outside dentist, but the appointment had not been scheduled due to COVID-19 concerns. She stated the facility was only sending residents out for appointments if a resident had pain or signs of infection which the resident did not. The resident saw the internal dentist in June 2020. During a telephone interview on 7/27/20 at 10:56 AM, nurse practitioner (NP) #9 stated she was not aware the resident had dental issues and the resident had not complained to her. She stated if the dental appointment was recommended pre-COVID-19, it should have been made and followed through. During a telephone interview on 7/27/20 at 12:31 PM, the outside dental consultant stated the resident was seen on 11/27/19 and scheduled for an extraction on 11/29/19. The facility canceled the appointment on 11/29/19 and it was never rescheduled. 10NYCRR 415.17(b)</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.