Dental Status and Services Critical Element Pathway

Use this pathway for a resident having oral/dental problems such as broken, carious, or loose teeth; inflamed gums; mouth sores or mouth pain; denture problems; or chewing problems. If mouth or facial pain was identified, the pain care area must be initiated and completed. If oral/dental concerns are determined to be a result of an adverse side effect of a medication, the unnecessary medications care area must be initiated and completed.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ The most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C, GG, J, K, L, and O.
- ☐ Physician's orders (e.g., mechanically altered diets, assistive oral care devices, medications that have an anticholinergic effect such as antidepressants, antihistamines, and antiarrhythmic agents).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., scheduled/routine dental examinations or referrals, how staff arrange for dental/oral care services, oral/dental/denture care based on the identified problem and relevant conditions [e.g., cancer, end of life], assistive oral care devices, nutritional issues [e.g., mechanically altered diet], efforts to find alternative means to address the needs identified in the assessment process if a resident refuses oral care).

Observations:

- ☐ What signs of dental and oral health concerns does the resident exhibit:
  - Difficulties with chewing;
  - Partial or full dentures that fit improperly;
  - Lack of partial or full dentures if missing natural teeth (partially or totally edentulous);
  - If the resident is not receiving anything by mouth (NPO), lack of special mouth care to maintain the health of oral mucous membranes;
  - Redness, sores, white patches in the mouth, dried cracked lips, dry furrowed tongue, or other manifestations reflecting oral conditions.
- ☐ Are observations of the resident's dental/oral status consistent with the comprehensive assessment? If not, describe.
- ☐ What alternative interventions were attempted if a resident resists dental/oral care?
- ☐ Are sufficient staff available to provide assistance with dental/oral health concerns, as needed? If not, describe.
- ☐ *Does staff use appropriate infection control practices such as hand hygiene and PPE when performing oral care? (F880)*
- ☐ Are medications for the oral cavity correctly applied/administered (ensure a qualified surveyor observes)?
- ☐ Are supplies - such as a toothbrush, toothpaste, denture cleaner, denture adhesive - provided to meet the resident's care-planned needs for dental and oral care?

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Resident, Resident Representative, or Family Interview:

- ☐ Do you have any dental concerns that have not been addressed to your satisfaction? If so, describe.
- ☐ Are you aware of any medications that you are taking that may be contributing to the dental concern, if applicable? If so, describe.
- ☐ Are you experiencing any pain or difficulty eating as a result of the dental/oral concern? What is the facility doing to address it?
- ☐ Did the facility promptly address the dental/oral concern?
- ☐ What alternative options has the facility discussed with you if you have resisted dental/oral care?
- ☐ Have you had lost or damaged partial or full dentures? If so, was a referral made within three business days? If not, was an explanation given to you?
- ☐ How did the facility ensure you were able to continue to eat or drink while waiting for dental services?
- ☐ How did the facility assist you in obtaining dental services that were needed or requested?
- ☐ Do you receive Medicare or Medicaid? If so, were you only charged for services not covered and were you notified of those charges?
- ☐ How did the facility assist you in arranging transportation to dental appointments? Did a staff person accompany you if needed (due to the resident's condition) or requested?

Staff Interviews (Nursing Aides, Nurse, DON, Social Services):

- ☐ Can you explain how oral/dental services, interventions, or treatments should be carried out? How are follow-up visits or recommendations from a dentist provided to the facility? How is this information communicated to direct-care staff including staff from different shifts?
- ☐ What, when, and to whom do you report indications of oral/dental changes, including oral/dental pain or lost or damaged partial or full dentures?
- ☐ How do you monitor for the implementation of the care plan, effectiveness of interventions, and any changes in symptoms that have occurred over time?
- ☐ How does the facility ensure that a dentist is available for residents in accordance with professional standards of quality and timeliness?
- ☐ What potential adverse side effects of the resident's medications may be contributing to the dental/oral concern?
- ☐ How did you involve the resident or resident representative in the review and revision of the care plan?
- ☐ Nursing Aide: What training have you received related to the care of a resident with dental/oral concerns and the resident's routine preventive dental care?
- ☐ Nurse: What training have you received related to the assessment and care of dental/oral concerns?
- ☐ If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

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Record Review:

- ☐ Review dental consultations and other interdisciplinary progress notes that may have information regarding assessment of dental and oral needs and the resident responsiveness to dental/oral services.
- ☐ Does the assessment accurately and comprehensively reflect the status of the resident? Are causal, contributing, and risk factors for dental and oral health status identified:
  - o Staff identify and address relevant conditions such as broken, fractured, 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, or decreased salivation due to medication such as anticholinergic effects of antidepressants, antihistamines, and antiarrhythmic agents. There are many medications that cause dry mouth in addition to common drug classifications listed above;
  - o Staff identify medical conditions/treatments that might impact the oral condition of the resident (such as oral cancer, chemotherapy, irradiation, diabetes, terminal health status, or immune compromised conditions);
  - o If the resident does not have natural teeth, staff assess the condition of any artificial teeth (dentures); and
  - o 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.
- ☐ What is the impact of the resident's oral health on his/her ability to consume foods? If the resident requires mechanically altered foods due to oral condition, did staff complete an assessment to determine resident is capable of safely consuming the food? If not, describe.
- ☐ If weight loss occurred, how did staff determine whether weight loss was attributable to the oral/dental condition (e.g., difficulty with chewing foods in the absence of teeth, oral/dental pain, or improperly adjusted/fitted partial or full dentures)?
- ☐ What is the resident's need for, and use of, partial or full dentures or other dental appliances?
- ☐ What regular oral inspections by a practitioner, dentist, dental hygienist, or nursing staff, as appropriate, were completed? What was response to dental care recommendations and/or interventions?
- ☐ If the resident refuses or resists dental/oral care, was an assessment of causal and contributing factors completed? If not, describe.
- ☐ What efforts has the facility made to assist the resident in making appointments and obtaining transportation to and from the dental services location?
- ☐ If concerns are identified with dentures, review facility policy to see if it addresses when the facility would or would not be responsible for lost or damaged partial or full dentures.
- ☐ For lost or damaged partial or full dentures, was a dental referral made within three business days? If not, were the extenuating circumstances for why this did not occur documented? How did the facility ensure the resident was able to eat and drink adequately while waiting?
- ☐ If a resident has difficulty chewing or has lost dentures, how did the interdisciplinary team, dietitian, and/or speech therapist evaluate the resident for appropriate food/fluid texture and consistency so the food/fluid may be safely consumed and the resident may maintain nutritional status?
- ☐ Is the care plan comprehensive and consistent with the resident's specific conditions, risks, needs, goals, behaviors, preferences, and current standards of practice, including measurable objectives and timetables, with specific interventions/services for the management and treatment of dental/oral symptoms, including interventions to address or reduce resistance to care, if appropriate?
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?

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☐ How has staff monitored the resident's response to interventions for prevention and/or treatment? Have they evaluated and revised the care plan based on the resident's response, outcomes, and needs?

Critical Element Decisions:

1) For private-pay or Medicare-funded residents, did the facility promptly provide, or obtain from an outside resource, routine and emergency dental services to meet the resident's needs, including assisting with appointments and transportation arrangements?
   If No, cite F790
   NA, the resident is not private-pay and is not Medicare-funded.

2) For Medicaid-funded residents, did the facility promptly provide, or obtain from an outside resource, routine and emergency dental services to meet the resident's needs, including assisting with appointments and transportation arrangements?
   If No, cite F791
   NA, the resident is not funded by Medicaid.

3) For newly admitted residents and if applicable based on the concern under investigation, did the facility develop and implement a baseline care plan within 48 hours of admission that included the minimum healthcare information necessary to properly care for the immediate needs of the resident? Did the resident and resident representative receive a written summary of the baseline care plan that he/she was able to understand?
   If No, cite F655
   NA, the resident did not have an admission since the previous survey OR the care or service was not necessary to be included in a baseline care plan.

4) 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, and the impact upon the resident's function, mood, and cognition?
   If No, cite F636
   NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS OR the resident was recently admitted and the comprehensive assessment was not yet required.

5) If there was a significant change in the resident's status, did the facility complete a significant change assessment within 14 days of determining the status change was significant?
   If No, cite F637
   NA, the initial comprehensive assessment had not yet been completed; therefore, a significant change in status assessment is not required OR the resident did not have a significant change in status.

6) Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths and areas of decline, accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?
   If No, cite F641

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7) Did the facility develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental, and psychosocial needs and includes the resident's goals, desired outcomes, and preferences?
   If No, cite F656
   NA, the comprehensive assessment was not completed.

8) Did the facility reassess the effectiveness of the interventions and review and revise the resident's care plan (with input from the resident or resident representative, to the extent possible), if necessary to meet the resident's needs?
   If No, cite F657
   NA, the comprehensive assessment was not completed OR the care plan was not developed OR the care plan did not have to be revised.

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Notification of Change F580, Social Services F745, Admission Orders F635, Professional Standards F658, Quality of Life F675, ADLs (CA), Nutrition (CA), Hydration (CA), Pain (CA), Unnecessary Medications (CA), Infection Control (Task), Sufficient and Competent Staffing (Task), Medical Director F841, Resident Records F842.