Northern Light Continuing Care – Mars Hill

Plan of Correction for Event ID: TZ6S11 and Complaint # ME00047618.

F677 ADL Care Provided for Dependent Residents

CFR (s): 483.24 (a) (2)

*The facility has identified that all residents could be affected by this deficient practice.

*Group and individual staff trainings will be held introducing proper oral hygiene and begin using the new assessment forms (please see attached) to prevent this deficient practice from occurring again in the future. These staff trainings will be completed by November 14, 2024, on proper oral hygiene and documentation of providing such care.

*All residents will have an oral evaluation and proper oral care will be provided daily by staff.

*A Performance Improvement Plan has been created to monitor the effectiveness of the oral care program and results will be presented quarterly to the Quality Assurance Committee and will be ongoing until a period of three consecutive quarters of 100% compliance can be attained before the monitoring is discontinued. Please see attached. The plan is to audit a minimum of 15 random residents per week using the attached audit worksheet. This audit task will be completed by using a combination of nurses to assure it is completed if someone isn't here. The nurses will be Kelly Love, RN, Denise Kingsbury, RN, Sharon Ellis, RN, and Melissa Carlson, RN / DON.

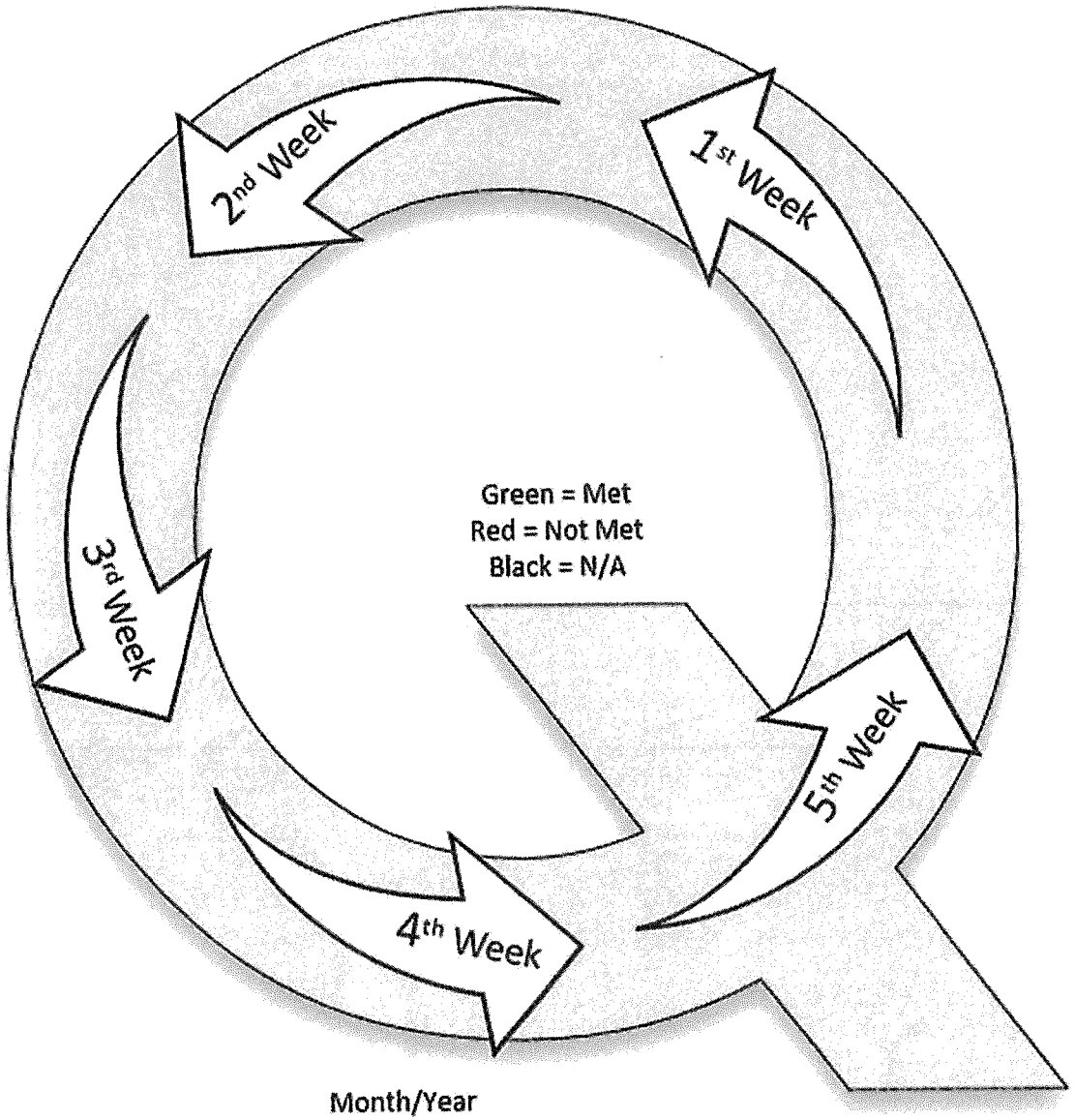
*This facility will be in full compliance by November 14, 2024.

Mark McKenna, MLA, LSW

Mark McKenna, MLA, LSW / Administrator

Quality Goal

Northern Light
A.R. Gould Hospital



Department/Location

NLCC Mars Hill-Long Term Care

Goal Statement

Ensure residents are receiving adequate daily oral care by performing a minimum of 15 audits per week using the oral care audit worksheet.

Month/Year

October 2024

Date: ______________________ Auditor: ______________________

Resident: ______________________

	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.				
If yes, audit is complete.				
If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?				
Are teeth free of debris/plaque?				
Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.				

Notes:

Resident: ______________________

	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.				
If yes, audit is complete.				
If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?				
Are teeth free of debris/plaque?				
Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.				

Notes:

Resident: ______________________

	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.				
If yes, audit is complete.				
If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?				
Are teeth free of debris/plaque?				
Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.				

Notes:

Resident: ______________________

	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.				
If yes, audit is complete.				
If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?				
Are teeth free of debris/plaque?				
Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.				

Notes:

Date: _____ Auditor: _____

Resident:					Resident:				
	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A		Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.					Ask the resident if they received oral care today.				
If yes, audit is complete.					If yes, audit is complete.				
If no, perform oral care and document completion.					If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:					If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?					Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?					Is mouth free of debris?				
Are teeth free of debris/plaque?					Are teeth free of debris/plaque?				
Is their breath free of bad odor?					Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.					If no to any of the above, perform oral care and document completion.				
Notes:					Notes:				

Resident:					Resident:				
	Yes	No	Unreliable, Unsure,or Unable to Answer	N/A		Yes	No	Unreliable, Unsure,or Unable to Answer	N/A
Ask the resident if they received oral care today.					Ask the resident if they received oral care today.				
If yes, audit is complete.					If yes, audit is complete.				
If no, perform oral care and document completion.					If no, perform oral care and document completion.				
If unreliable/unsure/unable, check the following:					If unreliable/unsure/unable, check the following:				
Remove dentures and inspect if applicable: Are they free of debris/plaque?					Remove dentures and inspect if applicable: Are they free of debris/plaque?				
Is mouth free of debris?					Is mouth free of debris?				
Are teeth free of debris/plaque?					Are teeth free of debris/plaque?				
Is their breath free of bad odor?					Is their breath free of bad odor?				
If no to any of the above, perform oral care and document completion.					If no to any of the above, perform oral care and document completion.				
Notes:					Notes:				

Northern Light
A.R. Gould Hospital

Department: NLCC Mars Hill-LTC

Quarter: 4- 2024

VARIANCE TRACKING & TRENDING LOG

Provide a variance description in column 1, then track total occurrence of each variance by placing a date in the columns to the right.

Variance Reason	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25