

**adha** **CELL 2015**  
**92<sup>ND</sup> ANNUAL SESSION** **JUNE 17-23\*2015**  
**SESSION** **NASHVILLE, TN**

**CE Course Handout**

**Special Needs, Special Care, Special Challenges  
with Special Rewards – Providing Dental  
Hygiene Services in Long-Term Care Settings**

**Friday, June 19, 2015  
10:00am-1:00pm**



American  
Dental  
Hygienists'  
Association

**COURSE TITLE:** Special Needs, Special Care, Special Challenges with Special Rewards – Providing Dental Hygiene Services in Long Term Care Settings

**COURSE INSTRUCTOR:** Doreen Naughton, RDH, BSDH

**COURSE CREDITS:** 3.0 CEUs

**COURSE DATE:** Friday, June 19, 2015, 10:00 am to 1:00 pm

**COURSE DESCRIPTION:** In 2012, 8 million people received long term care services in a variety of settings in the United States. Demand for dental hygienists to provide services in these settings is rapidly increasing as older Americans age and keep more teeth longer. They expect to receive quality, cost effective, convenient, preventive and therapeutic dental hygiene services on-site. Currently dental hygienists in 36 states can provide direct access care. This course will help prepare dental hygienist to provide care for adults in a variety of alternative living/long term care settings. It will focus on the special needs and challenges of caring for elderly and disabled adults; provide evidence based, patient centered treatment concepts; and first-hand practical information. Additionally, it will increase practitioner confidence to step up to meet the demands of our growing elderly population and reap the special rewards of providing special care.

**TEACHING METHODS:** Lecture, Discussion

**LEARNING OBJECTIVES:**

Upon completion of this continuing education program, course participants will be able to:

- Assess and discuss the impact of aging demographics in America.
- Compare the various types of long term care settings.
- Recognize the increasing demand for dental hygiene services in long term care settings.
- Discuss the federal regulatory requirements for dental services in nursing homes.
- Identify common medical conditions of and medications for adults in long term care setting.
- Discuss oral health challenges for persons living in long term care settings.
- Consider treatment planning, rational modifications, and referral.
- Describe a variety of systems and protocols utilized in long term care settings.
- Appreciate the challenges and rewards of providing services in long term care settings.

**INSTRUCTOR:** Doreen Naughton, RDH, BSDH is a clinician, educator, consultant, author, presenter, and the sole proprietor of Dental Hygiene Health Services. For twenty-five years she has provided dental hygiene services for over 3500 elderly or disabled adults in alternate living facilities. She has served as president of the Washington State Dental Hygienists' Association and as District XII Trustee for ADHA and has received recognition and awards including the ADHA Excellence in Dental Hygiene Award in 2000.

**\*These course materials may not be duplicated or distributed without the written consent of the course instructor.**

Slides 2-5

**65+ in the United States: 2010**

Population Age 65 and Over: 1900 to 2050

Population Age 85 and Over: 1900 to 2050

Life Expectancy Older Ages by Age and Sex: 2010

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Senior Facts**

Slides 8 - 10

**Population Age 65 and Over by State: 2010**

**Percentage Age 65 and Over of State Population: 2010**

**Percentage Age 85 and Over of State Population: 2010**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Where do Older Adults live?**

Housing America's Older Adults: Meeting the Needs of an Aging Population

<http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/Harvard-Housing-Americas-Older-Adults-2014.pdf>

Aging in Place: Facilitating Choice and Independence

<http://www.huduser.org/portal/periodicals/em/fall13/highlight1.html>

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**Long-Term Care**

Long-term care provides a wide range of services to meet the needs of frail elderly people and other adults with limited functional ability over a long period of time. It includes helping with medical needs and/or daily activities.

<http://www.webmd.com/healthy-aging/choosing-long-term-care>

Slides 13-16

**Functional Limitations in the Population age 65 and Over by Age: 2010**

**Limitations of Activity Caused by Chronic Health Conditions by Age: 2006-2007**

**Percentage of Population Age 65 and Over with Cognitive Impairments by Age, Race, Hispanic Origin: 2006**

**Causes of Death for the Population Age 65 and Older: 2010**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Long-term Care Options**

- Home care
- Community services
- Supportive housing programs
- Retirement communities
- Boarding homes

- Intermediate care facilities
- Group homes
- Assisted living (supported living)
- Continuing care retirement communities
- Nursing homes
- Skilled nursing homes

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### **Home care**

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### **Community Services**

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### **Supportive Housing/Programs**

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### **Retirement Homes/Boarding Homes**

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### **Intermediate Care Facilities/Group Homes**

Slides 23-24

### **Assisted living (Supported living)**

- 24 hour supervision
- Meals
- Support with activities of daily living
  - Eating
  - Bathing
  - Dressing
  - Toileting
  - Laundry
  - Housekeeping
  - Transportation
  - Social and recreational activities
  - Medications ...
    - Self administers
      - Right under state law if mentally and physically capable
      - Stores medication in room if no safety factor exists
    - Medication aides
      - Extra training
      - “assistance with self-administration”
    - Delegated authority
      - Aide with specific training
      - Nurse supervision/delegation
    - Documentation

- Identify who administers or assists
- Procedure if error occurs

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**Continued Care Retirement Community (CCRC)**

- Independent living
- Assisted living
- Skilled nursing
- Contracts
  - Life Care/Extended contract
  - Modified contract
  - Fee-for-service contact

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**Nursing Home/Skilled Nursing Home**

- Skilled nursing and medical care
- Post surgery
- Illness
- Acute condition
- Rehabilitation services
  - Injury
  - Disability
  - Illness
- Long term care
  - Health related
  - Not available in community
  - Needed regularly
    - Mental
    - Physical condition
- Temporary/Periodic services
  - Respite care
  - Alternative to hospitalization

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**Nursing Home Population Age 65 and Over by Age and Sex: 2010**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Nursing Home Population Age 65 and Over with Cognitive Impairments by Age, Race, Hispanic Origin: 2010**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Cost of Long-Term Care**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**Cost of LTC by Setting**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

Also see: Can I Pay for Nursing Home Care

<http://www.medicare.gov/what-medicare-covers/part-a/paying-for-nursing-home-care.html>

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**Medicaid Funding for LTC**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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**LTC Service in the United States: 2013**

[http://www.cdc.gov/nchs/data/nsltcp/long\\_term\\_care\\_services\\_2013.pdf](http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf)

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**Supply of Long-Term Care Services Providers - Geographic distribution**

**Distribution of service providers, by provider type and metropolitan areas: US. 2012**

**Capacity of long term care service providers: U.S. 2012**

[http://www.cdc.gov/nchs/data/nsltcp/long\\_term\\_care\\_services\\_2013.pdf](http://www.cdc.gov/nchs/data/nsltcp/long_term_care_services_2013.pdf)

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**Omnibus Budget and Reconciliation Act (OBRA)**

- Nursing home reform law enacted in 1987
- Final regulations took effect 1992 (Volume 56 Federal Register page 48826)

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**Omnibus Reconciliation Act of 1987 (OBRA)**

- Federally funded program
- Requires nursing home facilities to meet certain standards to qualify for Medicare or Medicaid reimbursement
- Establishes certain rights for elderly persons
- Requires inspection of nursing homes
- Periodically assess the health of their residents using the prescribed Minimum Data Set (MDS) (including the oral health)

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**Federal requirements: Nursing Facility must provide: (and not charge resident)**

- Nursing and related services
- Specialized rehabilitative services (treatment and services required by residents with mental illness or intellectual disability, not provided or arranged for by the state)
- Medically-related social services
- Pharmaceutical services (with assurance of accurate acquiring, receiving, dispensing, and administering of drugs and biologicals)
- Dietary services individualized to the needs of each resident
- Professionally directed program of activities to meet the interests and needs for well being of each resident

- Emergency dental services (and routine dental services to the extent covered under the state plan)
- Room and bed maintenance services
- Routine personal hygiene items and services

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**F162**

**§483.10(c)(8) Limitation on Charges to Personal Funds**

The facility may not impose a charge against the personal funds

(i) Services included in Medicare or Medicaid payment. During the course of a covered Medicare or Medicaid stay, facilities may not charge a resident for the following categories of items and services:

(E) Routine personal hygiene items and services as required to meet the needs of residents, including, but not limited to, hair hygiene supplies, comb, brush, bath soap, disinfecting soaps or specialized cleansing agents when indicated to treat special skin problems or to fight infection, razor, shaving cream, toothbrush, toothpaste, denture adhesive, denture cleaner, dental floss, moisturizing lotion, tissues, cotton balls, cotton swabs, deodorant, incontinence care and supplies, sanitary napkins and related supplies, towels, washcloths, hospital gowns, over the counter drugs, hair and nail hygiene services, bathing, and basic personal laundry.

(F) Medically-related social services as required at §483.15(g) of this subpart.

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**F411**

**§483.55 Dental Services**

- Assist residents in obtaining routine and 24-hour emergency dental care.
- Provide or obtain routine and emergency dental services by either hiring on staff or contracting with a dentist to meet the needs of each resident in a skilled nursing facility.
- Charge (if desired) a Medicare resident (but not a Medicaid resident) an additional amount for routine, and again for emergency, dental services.
- Provide or obtain from an outside resource emergency dental services as well as routine dental services (to the extent covered under the State Medicaid Plan) to meet the needs of Medicaid residents.
- Assist the resident in making appointments and arranging for transportation to and from the dentist's office.
- Promptly refer a resident with lost or damaged dentures to a dentist.

[http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS\\_Survey\\_Resources/CMS/Appx\\_SOM\\_483.55%20-%20Dental%20Services.pdf](http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS_Survey_Resources/CMS/Appx_SOM_483.55%20-%20Dental%20Services.pdf)

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**Intent: §483.55**

- The intent of this regulation is to ensure that the facility be responsible for assisting the resident in obtaining needed dental services, including routine dental services.

[http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS\\_Survey\\_Resources/CMS/Appx\\_SOM\\_483.55%20-%20Dental%20Services.pdf](http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS_Survey_Resources/CMS/Appx_SOM_483.55%20-%20Dental%20Services.pdf)

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**Interpretive Guidelines: §483.552**

This requirement makes the facility directly responsible for the dental care needs of its residents. The facility must ensure that a dentist is available for residents, i.e., employ a staff dentist or have a contract (arrangement) with a dentist to provide services.

For Medicare and private pay residents, facilities are responsible for having the services available, but they may impose an additional charge for the services.

For all residents of the facility, if they are unable to pay for needed dental services, the facility should attempt to find an alternative funding source or alternative service delivery systems so that the resident is able to maintain his/her highest practicable level of well-being. (See §483.15(g).)

The facility is responsible for selecting a dentist who provides dental services in accordance with professional standards of quality and timeliness under §483.75(h)(2).

**“Routine dental services” means an annual inspection of the oral cavity for signs of disease, diagnosis of dental disease, dental radiographs as needed, dental cleaning, fillings (new and repairs), minor dental plate adjustments, smoothing of broken teeth, and limited prosthodontic procedures, e.g., taking impressions for dentures and fitting dentures.**

**“Emergency dental services” includes services needed to treat an episode of acute pain in teeth, gums, or palate; broken, or otherwise damaged teeth, or any other problem of the oral cavity by a dentist that required immediate attention.**

**“Prompt referral” means, within reason, as soon as the dentures are lost or damaged.**

**Referral** does not mean that the resident must see the dentist at that time, but does mean that an appointment (referral) is made, or that the facility is aggressively working at replacing the dentures.

[http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS\\_Survey\\_Resources/CMS/Appx\\_SOM\\_483.55%20-%20Dental%20Services.pdf](http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS_Survey_Resources/CMS/Appx_SOM_483.55%20-%20Dental%20Services.pdf)

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**Probes: §483.55**

- Do residents selected for comprehensive or focused reviews, as appropriate, with dentures use them?
- Are residents missing teeth and may be in need of dentures?
- Do sampled residents have problems eating and maintaining nutritional status because of poor oral health or oral hygiene?
- Are resident’s dentures intact? Proper fit?

[http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS\\_Survey\\_Resources/CMS/Appx\\_SOM\\_483.55%20-%20Dental%20Services.pdf](http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS_Survey_Resources/CMS/Appx_SOM_483.55%20-%20Dental%20Services.pdf)

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**F412**

**§483.55(b) Nursing Facilities**

- The facility--
- (1) Must provide or obtain from an outside resource, in accordance with §483.75(h) of this



- part, the following dental services to meet the needs of each resident:
- (i) Routine dental services (to the extent covered under the State plan); and
- (ii) Emergency dental services;
- (2) Must, if necessary, assist the resident--
- (i) In making appointments; and
- (ii) By arranging for transportation to and from the dentist's office; and
- (3) Must promptly refer residents with lost or damaged dentures to a dentist.
- dental services, as well as those routine dental services that are covered under the State plan.

[http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS\\_Survey\\_Resources/CMS/Appx\\_SOM\\_483.55%20-%20Dental%20Services.pdf](http://www.hpm.umn.edu/nhregsPlus/Resources%20and%20Publications/CMS_Survey_Resources/CMS/Appx_SOM_483.55%20-%20Dental%20Services.pdf)

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**Interpretive Guidelines: §483.55(b)(1)(i)**

For Medicaid residents, the facility must provide the resident, without charge, all emergency dental services, as well as those routine dental services that are covered under the State plan.

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**State Regulations Pertaining to Dental Regulations**

- 18 states follow the federal regulations
  - Other states have additional regulations
  - For example: Alaska (1/01/2011)
- 07 AAC 012.275. Nursing and Medical Services.
- (e) A nursing facility must have a contract with a licensed dentist to provide consultation and necessary dental services to residents.
- History -Eff. 11/19/83, Register 88; am 5/28/92, Register 122. Authority: AS 18.20.010 AS 18.20.060
- For other states see:
- [http://www.hpm.umn.edu/NHRegsPlus/NH%20Regs%20by%20Topic/NH%20Regs%20Topic%20Pdfs/Dental/category\\_state%20regs\\_FINAL.pdf](http://www.hpm.umn.edu/NHRegsPlus/NH%20Regs%20by%20Topic/NH%20Regs%20Topic%20Pdfs/Dental/category_state%20regs_FINAL.pdf)

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**(xi) Dental and nutritional status**

“Dental and nutritional status”.

“Dental condition status” refers to the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident’s nutritional status, communication abilities, or quality of life. The assessment should include the need for, and use of, dentures or other dental appliances.

“Nutritional status” refers to weight, height, hematologic and biochemical assessments, clinical observations of nutrition, nutritional intake, resident’s eating habits and preferences, dietary restrictions, supplements, and use of appliances

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

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### **The Minimum Data Set (MDS)**

- Federally mandated process
  - All Medicare/Medicaid funded nursing homes
  - Clinical assessment
    - on admit, quarterly, annually, or prn significant change
- Resident assessment questionnaire
  - Assess health of each facility resident
    - Functional capacity
    - Identify health problems
  - Completed by MDS nurse
    - Not dental professional
  - Oral health data
    - Listed in OBRA in MDS 2.0 (Section L)
      - Oral Status and Disease Prevention

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/downloads/MDS20rai1202ch2.pdf>

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### **The Minimum Data Set (MDS)**

OBRA in *MDS 2.0 (Section L) Oral Status and Disease Prevention*

<http://ph.state.al.us/HPSForms/RevisedMDS3.0RAIManualDec2010.pdf>

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### **MDS Training Program**

[http://sfmedia.dental.pacific.edu/BBcourses/DentalPractice/PacificCenter/!OvercomingObstacles\\_V5/MDS\\_Training/MDS\\_3\\_OralHealthAssessment/index.html](http://sfmedia.dental.pacific.edu/BBcourses/DentalPractice/PacificCenter/!OvercomingObstacles_V5/MDS_Training/MDS_3_OralHealthAssessment/index.html)

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### **ADA/SCD Recommendations**

<http://www.jdentaled.org/content/69/9/1015.full>

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### **Nursing Home Quality Care – 20 Years after OBRA 1987**

<http://www.allhealth.org/briefingmaterials/Wiener-1002.pdf>

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### **Nursing Homes - Common Medical Conditions**

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### **Functional Limitations for the Population Age 65 and Over by Institutional Status: 2010**

<https://www.census.gov/content/dam/Census/library/publications/2014/demo/p23-212.pdf>

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### **ASA Physical Status Classification**

<http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>

Slides 57 – 59

### **Cardiac Diseases**

- **Coronary artery disease (CAD)**
- **Congested Heart Failure (CHF)**
- **Heart valve disease (HVD)**

<http://www.nhlbi.nih.gov/health/health-topics/topics/heartattack>

<http://www.webmd.com/heart-disease/guide/heart-valve-disease>

Slides 60-62

### **Stroke**

- Types
  - Ischemic
  - Hemorrhagic

<https://www.nhlbi.nih.gov/health/health-topics/topics/stroke/types>

Skaar D, O’Conner H, Lunos S, Luepker R, Michalowicz B (2012). Dental Procedures and Risk of Experiencing a Second Vascular Event in a Medicare Population.

Little JW, Falace DA, Miller CS, Rhodus NL (2013) Dental Management of the Medically Compromised Patient (8<sup>th</sup> ed) St. Louis: Mosby Elsevier.

Slides 63-64

### **Dementia**

- **Age associated memory impairment (ASMI)**
- **What is dementia?**
- **Symptoms/causes vary**
- **Multiple types**
  - **Reversible**
  - **Irreversible**
- **Treatments**
  - **Behavior managements**
  - **Specialized care units**
  - **Medications**
    - **donepezil - Aricept**
    - **rivastigmine - Exelon**
    - **galantamine - Razadyne**
    - **tacrine – Cognex**
    - **memantine – Namenda**

Slides 65-67

### **Hip Fractures**

- 300,000 per year
- After 6months only 15% can walk across a room unaided
- 33% who lived independently before hip fracture require long-term care for a year or more
- 20 - 30% will die within a year
- \$474 billion cost estimate over next 20 years

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### **Chronic Obstructive Pulmonary Disease (COPD)**

- Progressive diseases
  - Emphysema
  - Chronic bronchitis
- Etiology
- Symptoms
- Treatment

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### **Infections on Long-Term Care Settings**

All infections 1.6 – 32.7%

Slides 70-76

### **Sensory Impairments**

- Vision
- Hearing
- Smell
- Taste
- Touch
- Balance

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### **Medications in Long-term Care**

- Commonly used drug classes
  - Analgesics
  - Cardiovascular medications
  - Gastrointestinal agents
  - Psychoactive medications
  - Vitamins and supplements
- Commonly used trade name drugs
  - Aricept (dementia-Alz type)
  - Ativan (antianxiety)
  - Coumadin (anticoagulant)
  - Lasix (diuretic)
  - Lisinopril (ACE inhibitor)
  - Protonix (proton pump inhibitor)
  - Remeron (antidepressant)
  - Seroquel (antipsychotic)
  - Synthroid (thyroid hormone)
  - Zoloft (SSRI antidepressant, OCD)
- # Routine Medications
- Concerns

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**Oral Health Challenges**

- Variations
- Gingival/Perio Conditions
- Dental Caries
- Retained roots
- Abscess
- Denture stomatitis
- Candidiasis
- Oral and Head/Neck Cancers

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**Photos**

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**Treatment Protocols**

- No treatment
- Emergency care
- Intermediate care
- Comprehensive treatment

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**Informed Consent and Advocacy**

- Protect patient rights and confidentiality
- Evaluate patient's ability to understand and provide informed consent
- Recognize patient may overcompensate cognitive deficits with habitual social skills
- Identify and contact power of attorney

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**Treatment Planning for Elder Patients**

- Normal aging process vs. pathologic aging
- Oral implications of systemic disease
- Drug induced dental disease signs
- Communication skills and sensory deficits
- Interpersonal skills of provider
- Decision making skills of provider

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**Other considerations in treatment planning**

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**Referrals for the Geriatric Population**

- **Economic factors**
- **Location of Provider**
- **Past experience of professionals with geriatric population**
- **Prioritize and give specific information**
- **Request follow-up**

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**DHHS - Treatment Protocols**

- Risk Categories
  - “No” or Limited Risk
  - Moderate Risk
  - High Risk
  - Terminal Risk Oral Disease

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**DHHS – Systems**

Slides 126-131

**Facility Records**

- Paper
- Electronic

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**Promoting Oral Health**

- Interprofessional collaboration
  - Get to know the players at all levels
  - Commitment to success
  - Continually reconnect at all levels
  - Regulations
  - Identify/adhere to regulations
  - Develop protocols
- Apply best practices
  - Feasible
  - Effective
  - Document
- Provide education
  - Administration
  - Staff training
  - Elders and families
- Assess, reassess and revise
  - Protocols
  - Practices
  - Procedures
  - Products

Slide 133-139

**Staff Training**

- Attitude
- Skill
- Time
- Tools
- Tolerance

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**Sources for Staff Training**

- Dental Professionals
- Nursing Staff Educators
- Books
- Modules
- Videos
- On-line

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**ENJOY LIFE!**

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<http://www.aaos.org/about/papers/position/1144.asp>

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ADA Long-term Dental Campaign aims to reduce barriers to care  
<http://www.ada.org/en/publications/ada-news/2014-archive/november/ada-long-term-dental-campaign-aims-to-reduce-barriers-to-care>

ADEA Curriculum Resource Center  
[http://adea.cdesource.com/curriculum\\_guides/16](http://adea.cdesource.com/curriculum_guides/16)

American Society of Anesthesiologists – ASA Physical Classification System  
<http://www.asahq.org/resources/clinical-information/asa-physical-status-classification-system>

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<http://www.dentalcare.com/media/en-US/education/ce419/ce419.pdf>

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Long-Term Care Pharmacy Primer  
<http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Reports/downloads/LewinGroup.pdf>

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Dementia Care Practice Recommendations for Assisted Living Residences and Nursing Homes  
[https://www.alz.org/national/documents/brochure\\_DCPRphases1n2.pdf](https://www.alz.org/national/documents/brochure_DCPRphases1n2.pdf)

Facts on Aging Quiz  
<http://cas.umkc.edu/gerontology/PDFs/Quiz-Answers.pdf>

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*J of Dental Ed*, September 1, 2005 vol. 69 no. 9 1015-1017  
<http://www.jdentaled.org/content/69/9/1015.full>

Falls in nursing homes  
<http://www.cdc.gov/HomeandRecreationalSafety/Falls/nursing.html>

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Hip fractures among older adults

<http://www.cdc.gov/HomeandRecreationalSafety/Falls/adulthipfx.html>

Housing America's Older Adults: Meeting the Needs of an Aging Population

<http://www.aarp.org/content/dam/aarp/livable-communities/documents-2014/Harvard-Housing-Americas-Older-Adults-2014.pdf>

Housing Options for Older Adults

[http://www.eldercare.gov/eldercare.net/public/Resources/Brochures/docs/Housing\\_Options\\_Booklet.pdf](http://www.eldercare.gov/eldercare.net/public/Resources/Brochures/docs/Housing_Options_Booklet.pdf)

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Medications and the Elderly

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