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DENTAL ADVOCACY
SUPPORT SERVICES

The Power of Oral Health in Long-Term Care

How Dental Care Reduces Aspiration, Supports Clinical Stability, & Strengthens Regulatory Readiness

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Oral health may be one of the smallest elements of daily care, but its impact on long-term care outcomes is enormous. In skilled nursing and assisted living communities, poor oral hygiene is closely tied to aspiration pneumonia, malnutrition, behavioral expressions in dementia, and preventable hospitalizations. Yet despite this, oral health is often treated as an afterthought—something we address when time allows rather than a clinical priority.

Mounting evidence and regulatory guidance make one message clear: **oral health is not optional. It is a critical component of high-quality, defensible care.**

While preventive oral care is easy to overlook, neglecting it often leads to situations where facilities are forced to manage avoidable medical emergencies.

The Mouth–Lung Connection: A Critical Safety Issue

Aspiration pneumonia remains one of the leading causes of death in older adults living in long-term care. What many overlook is that the organisms responsible for these infections frequently originate in the mouth.

Dental plaque, gingivitis, and unclean dentures harbor respiratory pathogens. In residents with dysphagia, frailty, dementia, or chronic illness, those pathogens are easily aspirated into the airway. When you have a resident who spends a large amount of time reclined or in bed, it increases their odds of inhaling the bacteria that's harboring in the mouth. It's a straight pathway to the lungs.

Studies—including the frequently referenced 2023 review Aspiration Pneumonia and Oral Health—have repeatedly shown:

- Poor oral hygiene = increased pneumonia risk
- Improving oral care = fewer pneumonias in certain populations
- Daily toothbrushing + professional oral care = measurably reduced bacterial load

This makes oral care a core patient-safety intervention, not just hygiene.

Beyond Aspiration: Oral Health and Whole-Body Wellness

The mouth is part of the body. When we start to treat it separately, we start to miss pain because it is not in a convenient place to look. Once oral pain is recognized, it is often part of a larger medical issue.

Nutrition & Weight Loss

Oral pain, broken dentures, and untreated infection reduce intake and exacerbate malnutrition—often misdiagnosed as "poor appetite" or "declining condition."

Dementia & Behavioral Expressions

Residents living with dementia may express oral pain through agitation, refusal of care, or resistance. Addressing dental needs reduces unnecessary psychotropic use and improves behavioral stability. Scientists have found oral bacteria in the brains of people with Alzheimer's Disease

Chronic Disease Management

Periodontal disease worsens inflammation and impacts glucose regulation—harmful for residents with diabetes, cardiovascular disease, or chronic kidney disease.

Dignity & Social Engagement

Clean teeth, fresh breath, and comfortable dentures directly affect socialization, speech, self-esteem, and quality of life.

What happens in the mouth doesn't stay in the mouth. When we start addressing pain in the mouth, we become proactive in identifying medical issues before they become medical emergencies.

Why Oral Health Shows Up in Common Deficiencies

While there are specific dental-care F-tags, oral health also contributes to multiple **top-cited deficiency areas**, including:

- F684 – Quality of Care
- F677 – ADLs (oral hygiene as part of grooming)
- F880 – Infection Control
- F692 – Nutrition/Hydration
- F740-745 – Behavioral Health

Surveyors increasingly connect oral care with infection-prevention, nutrition, and behavioral regulation. When oral hygiene is neglected, it becomes a cross-departmental deficiency driver.

Risk-Management Perspective: Why Oral Care Can't Be Overlooked

From a risk-management standpoint, poor oral care contributes to:

1. Increased High-Severity Claims

Aspiration pneumonia, sepsis from oral infection, malnutrition-related decline, and avoidable hospitalizations frequently appear in litigation involving long-term care providers.

2. Documentation Gaps

In lawsuits, plaintiff attorneys often point to:

- Lack of documented oral care
- Missing or incomplete dental assessments
- Unaddressed pain linked to oral conditions
- Poor denture management, cleaning, or replacement
- Failure to follow care plans that reference swallowing or oral-care needs

3. Vulnerability During Surveys

Inconsistent oral care documentation and poorly executed daily routines worsen survey outcomes, particularly under infection control, quality of care, nutrition, and ADLs.

4. Increased Hospital Transfer Risk

Residents with untreated dental issues are more likely to experience weight loss, infections, behavioral instability, and poor chronic-disease control—all of which escalate hospital transfer rates.

5. Reduced Defensibility

When oral care is treated as "optional," it becomes difficult to defend care in the event of clinical decline or respiratory infection. Strong oral-care programs improve documentation and clinical consistency.

Building a High-Reliability Oral-Care Program

1. Assessment & Care Planning

- Include oral health in admission, quarterly, and change-in-condition assessments.
- Flag residents with dysphagia, dementia, or recurrent pneumonia.
- Integrate SLPs, dietitians, and nursing into oral-health planning.

2. Standardized Daily Care

- Implement twice-daily toothbrushing and denture care.
- Ensure unit-based supplies are stocked and accessible.
- Discourage reliance on swabs unless medically necessary.

3. Competency-Based Training

- Provide hands-on CNA training.
- Use person-centered dementia-care techniques to reduce refusal.
- Incorporate oral care into performance expectations.

4. Dentistry Partnerships

- Develop relationships with mobile dentistry or teledentistry providers.
- Establish clear processes for denture replacement and urgent referrals.
- Include dental updates in care-plan meetings.

5. Documentation & QAPI Monitoring

Track:

- Oral-care completion rates
- Dental referrals and follow-up
- Denture replacements
- Aspiration pneumonia incidents
- Resident refusals and interventions attempted

Featured Highlight for Publication

Aspiration Pneumonia and Oral Health (2023)

This widely cited review reinforces the clinical connection between oral hygiene and respiratory health. It is an excellent evidence-based reference to cite when discussing oral-care initiatives with staff, families, surveyors, or leadership.

Read at: https://link.springer.com/article/10.1007/s40136-023-00455-4

Q&A: Expert Questions from a Dental Professional

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1. Why is oral health so strongly connected to aspiration pneumonia in older adults?

The bacteria responsible for aspiration pneumonia almost always start in the mouth. When daily oral care starts to slip, dental plaque and denture biofilm become loaded with respiratory pathogens and anaerobic bacteria. These bacteria multiply fast when a person gets dry mouth caused by common medications, chronic illness, and aging.

Many residents also struggle with swallowing or have cognitive or medical changes that make it easy for them to silently aspirate. So when a resident aspirates during sleep or while eating, they're not just inhaling saliva, they're inhaling the bacteria sitting on the teeth, tongue, oral tissues, and dentures.

This is why oral hygiene isn't just about good breath. A clean mouth lowers the amount of bacteria available to be aspirated. Any bacteria that can be found in the mouth can be aspirated and end up in the lungs. Consistent oral care is one of the most effective and low-cost ways to reduce pneumonia risk in long-term care, especially for high-risk residents who have dementia or swallowing difficulties (dysphagia).

2. What are the most common dental issues you see in long-term care residents?

Dry mouth is one of the most common and overlooked issues in long-term care. Reduced saliva from medications, dehydration, and aging leads to inflammation, increased bacterial load, and rapid decay. I also frequently see broken or missing teeth, poorly fitting or unclean dentures, fungal infections under dentures, and untreated periodontal disease.

These conditions directly affect comfort, nutrition, and behavior. A resident who "doesn't want to eat" may actually be avoiding pain, and someone labeled as "resistant" may simply be reacting to pain or discomfort. Nearly 60% of adults aged 65 and older already have periodontitis before entering a facility, and in nursing-home populations, studies show that 70–90% of residents have untreated gum inflammation, recession, or periodontal disease, making consistent daily oral care even more essential. The problem with all of this, the dry mouth and periodontal disease, is that the bacteria sitting on and in the gum tissue is hanging out and having a party millimeters away from your bloodstream. When these issues go unchecked, and bacteria remain and multiply, they do eventually end up traveling throughout the body, and that's when medical emergencies start to happen.

3. For residents with dementia, what strategies help reduce resistance to oral care?

For residents with dementia, communication and approach make all the difference. Instead of saying "Let's brush your teeth," it often works better to guide them into the bathroom with a purpose and then using simple language to accomplish the goal. For example, redirecting them by looking at a photo or mirror and transitioning to, "Let's quickly freshen up before we head out." Keeping the cues short and simple makes it easier for them to stay with you.

Having the right tools is equally important. Some residents do well with a standard toothbrush, while others need a three-sided brush, a cut-down handle, or a softer head. Certain residents may only tolerate swabbing on difficult days. What matters is knowing what options exist and choosing the most appropriate, least stressful method for each individual. Matching the technique to the person's abilities is the key in gaining acceptance and keeping the resident comfortable.

4. What are the most overlooked warning signs of oral disease in older adults?

The challenge with oral disease in older adults is that it develops slowly and quietly, so the early signs are often mistaken for aging, behavior, or loss of appetite. Some of the earliest social red flags include wincing or slowing down during meals, avoiding certain foods, skipping meals altogether, nighttime coughing, bad breath, or suddenly refusing to wear dentures.

Inside the mouth, early warning signs show up as red or shiny gum tissue, sore spots on the palate or floor of the mouth from poorly fitting dentures, and brown, yellow, or white tongue coating. Even unexplained weight loss can be a sign of oral discomfort or infection. These changes often appear weeks or months before a visible dental problem emerges.

Catching these signs early prevents bigger medical issues later. No one's dental pain should be mislabeled as "decline" or "failure to thrive." This is exactly why staff benefit from knowing what to look for, and why having a solid system for keeping up with oral health and ongoing support can make such a big difference in early detection and resident comfort.

5. How should facilities manage denture care, replacement, and loss?

Having a simple, consistent system for denture care, replacement, and loss is very important in long-term care settings. When a resident moves into your community, getting their dental history should be just as routine as gathering medical history. It gives staff a baseline: what teeth were removed, how old the dentures are, if they fit well, and what medical conditions might affect their comfort or ability to wear them.

From there, having a clear protocol keeps everyone on the same page. All dentures and partials should be labeled (most dental labs will do this for you), kept in labeled containers, soaked overnight, and rinsed before going back in the morning. This protects the soft tissues, keeps the appliance clean, and prevents mix-ups, which happen far more often than people realize. Having the staff provider log the date, time, and service also helps prevent overlap, missed care, or confusion during handoff.

The biggest benefit of having a system is catching problems early. If a resident suddenly stops wearing their dentures, that should immediately trigger a check for pain, sore spots, fungal infection, or the need for a reline or replacement.

6. What role do dental hygienists and mobile dentistry teams play in supporting LTC providers?

Dental hygienists and mobile dentistry teams play a huge role in keeping residents safe. They're often the first ones to notice dry mouth, inflammation, periodontal disease, denture problems, and changes in oral comfort that may not be obvious to nursing staff. Inflammation in the mouth doesn't stay in the mouth. It affects the whole body and can impact chronic conditions, behavior, appetite, and overall stability. Having dental professionals regularly checking on residents helps catch these issues early before they turn into infections or medical emergencies.

The support goes both ways. When nursing staff know what to look for and how to prepare a resident for their dental visit, mobile dental teams can do a lot more in the short appointment windows they have. Even simple steps like having dentures out, the mouth cleaned, and the resident positioned comfortably make the visit smoother and more productive. When staff training and communication are in place, both the dental team and the care community work together to keep residents healthier and more comfortable. This is exactly the type of support I help facilities build into their day-to-day systems.

7. Can improved oral hygiene realistically reduce pneumonia rates in skilled nursing?

Yes. Randomized nursing-home trials show that regular oral home care can reduce pneumonia by about 40%, and CDC data show that structured oral-care programs in healthcare settings have lowered non-ventilator hospital-acquired pneumonia by 40 to 60 percent. This matters because many older adults silently aspirate during sleep, and when the bad oral bacteria are present, the risk of pneumonia can be nearly ten times higher.

By brushing, cleaning dentures, and keeping dry mouth under control, you're basically cutting down the amount of bacteria that can be aspirated. That alone lowers one of the biggest preventable risks in skilled nursing. For residents with dementia, swallowing issues, or chronic illness, having a simple and consistent oral-care routine goes a long way in keeping them safer and more stable. This is the kind of system I help facilities set up so oral care isn't missed or left to chance.

8. What training do CNAs need most to better support oral health?

CNAs first need to understand why reducing bacteria in the mouth matters to the rest of the body. Oral care can feel non-urgent when there are bigger things happening on the floor, but it's not just about having clean teeth. The gums sit right on top of the bloodstream. If plaque and bacteria stay on those tissues long enough, they get into circulation and can affect other organs. We even see periodontal bacteria show up in the arterial plaque of patients with heart disease, which tells you how connected everything is.

They also need the right tools and to know how to use them. Standard brushes, three-sided brushes, denture tools, foam swabs, mouth moisturizers all have a purpose, and knowing when to use what makes care easier and safer for everyone. This is why hands-on, practical training makes such a difference compared to an online CE course. When staff understand both the "why" and the "how," oral care becomes smoother, more consistent, and less stressful. This is the kind of support I help facilities build so oral care becomes part of the community's routine and not something that slips through the cracks.

9. What are the simplest, highest-impact steps facilities can take immediately?

One of the biggest shifts a community can make is to stop treating the mouth as something separate from the rest of the body. Whether families use outside dental services or the options offered in-house, every resident's oral health affects their comfort, nutrition, infection risk, and overall stability. A simple place to start is including dental information during admission. It gives staff a clear picture of what the resident is walking in with and how their medical conditions and medications might be affecting their mouth.

After that, it really comes down to staff training and having a simple plan everyone can stick to. When teams have the right tools and actually feel confident using them, residents don't fall through the cracks. Even basic brushing and denture cleaning can lower the bacteria in the mouth by 50 to 75 percent. That information alone makes a big difference, especially knowing that close to 70 percent of dentures carry respiratory pathogens when they're not cleaned regularly. Giving staff the "why," the "what," and the "how" is one of the fastest ways to improve safety and prevent avoidable decline, and this is the type of support I help facilities build into their day-to-day routine.

Why Behavior Isn't Always Behavior

In my advocacy work, I've seen many residents labeled as "resistant," "combative," or "withdrawing," when their behavior was actually a reaction to oral discomfort. One resident kept pushing staff away during morning care, and everyone assumed it was dementia-related. When we finally checked her mouth, we found a deep ulcer under her partial. Once the sore was treated and the partial was adjusted, her behavior completely changed. Oral pain often shows up in ways people don't expect.

Closing Thought

Oral health is a small part of the day—but it is one of the **biggest opportunities** to improve resident outcomes, reduce aspiration risk, strengthen regulatory readiness, and support dignity and comfort.

Long-term care organizations that elevate dental hygiene from a task to a clinical priority will see benefits across the entire continuum: **better health, fewer hospitalizations, safer outcomes, and a higher quality of life.**

Learn more about Future Care Risk Retention Group: **https://fcrrg.com**

Learn more about Dental Advocacy Support Services, LLC: **https://www.dentaladvocacy.com**