STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345436	A. BUILDING _____ B. WING _____	C 10/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON REHABILITATION AND HEALTHCARE	**1000 TANDALL PLACE KNIGHTDALE, NC 27545**

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F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview with a resident and interview with staff the facility failed to provide a homelike environment by eliminating urine odors in the bathrooms.. This was evident on the 100 and 200 hallway. (Bathrooms #250-250, #251-253, #218- #220, #225-227, #147-149, and #148-150). Findings included: Observation on 10/27/14 at 2:45 PM of the bathroom shared by Room #250 and #252 had a lingering offensive odor that resembled urine. Observations on 10/27/14 at 3 pm revealed the bathroom shared by Room # 251 and #253 had an offensive odor of urine. Observation on 10/27/14 at 3:15 pm revealed the bathroom shared by Room #218 and #220 revealed an offensive odor. Observation on 10/27/14 at 3:10 PM revealed in the bathroom shared by Room #225 and #227 revealed a strong urine smell. Observations of the environment on 10/28/14 starting at 2 pm until 2:30 pm with the regional director of housekeeping, housekeeping manager	F 252		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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and the administrator revealed the status of the environment in the above bathrooms had not changed since the observations on 10/27/14. The offensive strong urine odor was still present. Additionally, a strong lingering urine smell was noted in the bathrooms shared by Room # 147 and #149 and Room #148 and Room #150.

During an interview on 10/28/14 at 2:15 pm in the presence of the administrator with an alert and oriented resident revealed her bathroom had an offensive odor all the time. This resident indicated it smelled like urine.

Interview on 10/28/14 at 2:35 pm with Housekeeper #2 (HK) revealed when she had bathrooms that smell like urine she would report the findings to her manager. HK #2 indicated she reported to her manager about a week ago (from 10/28/14) because the bathroom used for Rooms # 250, #251, and #253 smelled like urine and could not remove the scent. Continued interview with HK #2 revealed no matter how much she cleaned the floor tiles she was not able to remove the urine smell and once the urine gets under the tile it should be replaced. .

Interview on 10/28/14 at 2:45 pm with the administrator, director of nurses, regional director of nurses (Jennifer Stuart RN), Della Mervin (Regional director of human services and regional director of housekeeping was held. The interim administrator indicated that she conducted daily rounds within the facility but had not identified any of these issues.

Interview on 10/28/14 at 4:15 pm with the interim administrator revealed her expectation was to have a facility that was free from offensive odors.

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F 252	Continued From page 2 Further interview on 10/28/14 at 4:45 pm with the regional housekeeping director revealed an action plan had been developed to address the cleaning of resident rooms and floors but the housekeeping manager did not follow through.	F 252		
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview with staff the facility failed to maintain clean floors to the entrance of resident rooms, clean or replace stained floor tiles, repair walls, and repair detached cove molding. This was evident on the 100 and 200 care units. (Bathrooms #147-#149, #148-#150 #197-#199, #250-252, #251-253, #225-227,# 218-220, and Rooms #194, #198, #225, #226, #228, #227, #231 and #232. Findings included: Observations on 10/27/14 at 3:15 PM revealed in the bathroom shared by Room #197 and #199 had cove molding separating from the wall. There was a cracked floor tile near the base of the commode. There were brown colored stained floor tiles noted at the base of the commode. Observation of the dining area on 10/27/14 at 3:30 PM revealed there were 2 holes in the wall measuring approximately 3 (three) inches.	F 253		

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F 253	Continued From page 3 Observation on 10/27/14 at 2:45 PM of room 252 revealed multiple areas of a torn wall with plaster exposed behind the head of Bed-A and the side of the wall near the entrance to the room. The wall next to the window was torn that measured approximately 9 (nine) inches. There was peeling paint behind the head of both beds. There was an accumulation of dust and dirt between the wall and the resident ' s closet for bed A and B. The cove molding was separating from the wall in room 252. Additionally, the bathroom shared by Room #250 and #252 floor tile around the base of the commode had a brown colored stain. Between each tile there was a brown colored stain. There was a build up of a brown substance in the corners of the bathroom floor. Observations on 10/27/14 at 3 pm revealed the bathroom shared by Room #251 and #253 had a dark brown stain on the floor tile around the base of the commode. In Room #253 there was an accumulation of dust and dirt between the closets and the wall. Observation on 10/27/14 at 3:10 PM revealed in the bathroom shared by Room #225 and #227 there was an accumulation of a build up of a brown colored substance in the corners of the floor. Stained floor tile was noted around the base of the commode. Observation on 10/27/14 at 3:15 pm revealed the bathroom shared by Room #218 and #220 revealed the cove molding was separating from the wall. There was a build up of a brown substance in the corners of the floor. There was dried beige colored splatter noted on the dark brown cove molding.	F 253		

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F 253	Continued From page 4 Observation on 10/27/14 at 3:20 pm revealed in the bathroom shared by rooms 230-232 had cove molding separating from the wall. Observations of the environment on 10/28/14 starting at 2 pm until 2:30 pm with the regional director of housekeeping, housekeeping manager and the administrator were conducted. There was no change in the above observations noted on 10/27/14. Additionally, the corners of the floors at the entrance way into Rooms #194, #198, #225, #226, #228, #227, #231 and #232 had an accumulation of a build-up of dark brown colored substance which resembled dirt and wax build-up. In the bathroom shared by Room # 147 and #149 and #148 and #150 had an accumulation of brown matter in the corners of the floor. Interview on 10/28/14 at 2:42 and again at 4 00 pm with the floor tech revealed he was recently hired as a floor tech and had stripped the floors in the common areas but had not addressed the above resident areas. Interview on 10/28/14 at 2:45 pm with the administrator, director of nurses, regional director of nurses, regional director of human services and regional director of housekeeping was held. The administrator indicated that she conducted daily rounds within the facility but had not identified any of these issues and no concerns were raised by the residents. The director of nurses (DON) indicated that she and the maintenance director made rounds and noted some environmental issues. The DON indicated she developed a " Honey Do List " (referring to things to do list) for the maintenance director.	F 253		

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F 253	Continued From page 5 Interview on 10/28/14 at 3:18 pm with the maintenance director revealed he and the DON did a walk through of the facility ' s environment (3-4 weeks ago since the interim administrator had been at the facility). The maintenance director indicated he informed the interim administrator that a walk through of the environment would occur but had not shared the " Honey Do List " with her. " I just started working on the list and I do not have a formal plan to correct the issues. " Interview on 10/28/14 at 4:15 pm with the interim administrator revealed her expectation with resident rooms were any repairs identified by staff should be reported to her and corrected. The interim administrator indicated the maintenance director had not informed her of the " Honey Do List. " Further interview on 10/28/14 at 4:45 pm with the regional housekeeping director revealed an action plan had been developed to address the cleaning of resident rooms and floors but the housekeeping manager did not follow through.	F 253		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.	F 315		

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This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview with staff the facility failed to changed soiled gloves prior to providing urinary catheter care. The facility failed to use sterile procedure when performing a urinary catheter irrigation/flush. This was evident in 1 of 3 residents reviewed with an indwelling urinary catheter. (Resident #6)

Findings included:

The facility has a Policy and Procedure for " Foley Catheter /Bladder Irrigation " revised 5/9/2014 that read in part:

Policy: The irrigation/flush of a Foley (urinary) catheter is a sterile procedure, performed by a clinical nurse per physician ' s order. The equipment included the use of sterile equipment.

Resident #6 had cumulative diagnoses which included cerebral vascular accident, chronic urinary retention due to benign prostate hypertrophy which required an indwelling urinary catheter.

Review of the quarterly Minimum Data Set assessment dated 9/1014 revealed in part the resident was alert and oriented, required extensive assistance from staff for care and had a urinary appliance in place.

Review of the 9/10/14 written careplan revealed interventions that included changing the catheter tubing and drainage bag per facility protocol.

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F 315	Continued From page 7 Review of the October 2014 physician orders revealed in part to flush the urinary catheter with 60 milliliters (ml) of normal saline (NS) twice a day and urinary catheter care every shift per protocol. 1. Observation on 10/28/14 at 9:45 am revealed Resident #6 had perineal and urinary catheter care provided by nursing assistant #3 (NA), assisted by NA #4 and Nurse #5. NA #3 washed her hands and then placed gloves on her hands. Resident #6 was repositioned on his right side and was noted to have experienced a bowel movement. The resident ' s skin was cleansed with disposable wipes. Visible stool was noted. With the same soiled gloved hands used to remove the stool, NA #3 used soap and water to cleanse the penis opening close to the urinary meatus and then cleansed the catheter up then downward toward the connection of the catheter and drainage bag Interview on 10/28/14 at 10:45 am with NA #3 revealed that she should have changed her soiled gloves after providing care for an episode of bowel incontinence. 2. Observation on 10/28/14 at 10:30 am of urinary catheter flush (irrigation) performed by Nurse #5 revealed the following; · The nurse washed her hands and placed non- sterile gloves on her hands. · A bottle of sterile NS was opened and 60 milliliters of NS was poured into non-sterile plastic medication cups. · The resident ' s catheter was disconnected from the tubing of the drainage bag with the same non- sterile gloves.	F 315		

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F 315	Continued From page 8 · The NS solution from the non sterile medication cups was drawn up into a piston syringe that was removed from a sterile kit. The catheter was then flushed. · The tip of the catheter was cleansed with an alcohol pad and the catheter was reconnected to the drainage bag. Interview on 10/28/14 with Nurse #5 after the flush revealed she realized that the urinary catheter irrigation/flush procedure should have been sterile. Interview on 10/28/14 at 10:58 am with the director of nurses revealed the expectation for the nurse assistant was to change her soiled gloves prior to providing urinary catheter care and a sterile procedure should have been maintained when irrigating/flushing an urinary catheter.	F 315		
F 469 SS=D	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM The facility must maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, interview with an alert and oriented resident, interview with staff, and interview with a family member the facility failed to have an effective pest control program for 2 of 2 units reviewed. (Unit 100 and 200). Findings included:	F 469		

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F 469	Continued From page 9 Interview with Resident #6 who was alert and oriented on 10/28/14 at 7:55 am indicated he saw a crawling insect last night (referring to 10/27/14) and could not catch it. Interview on 10/27/14 at 3 pm with a family member revealed roaches in the closet of Resident #8 as far back as June 2014 or July 2014. Interview on 10/27/14 at 3:05 pm with nursing assistant #1 (NA) revealed " I have seen bugs in room 250 and room 251. " NA#1 could not provide the exact date or bug but indicated it was recent (referring to the survey date). Observations of the environment on 10/28/14 starting at 2 pm until 2:30 pm with the regional director of housekeeping, housekeeping manager and the administrator revealed an observation of Resident ' s #6 ' s closet and 2 dresser drawers. Under the folded clothing in the dresser drawers there were small brown particles similar to insect droppings. The regional director indicated that the substance appeared similar to insect dropping and removed the droppings from the corners of the dresser drawers. Interview on 10/28/14 during these observations with Resident #6 who was alert and oriented revealed just before we arrived in his room a crawling insect was observed on the floor entering his bathroom. Reviewed the pest control program and invoices revealed that the facility was treated on 9/11/14 for American roaches and ants. On 8/11/14 for American roaches, 7/14/14 for ants, 7/1/14 for American roaches, 6/3/14 for American roaches and 10/7/14 for American roaches, ants and crickets due to activity being reported.	F 469		

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F 469	Continued From page 10 Interview on 10/28/14 at 2:45 pm with the administrator, director of nurses, regional director of nurses, regional director of human services (RDHS) and regional director of housekeeping was held. RDHS indicated that the facility had a pest control contract that indicated monthly service. Continued discussion indicated that in early part of last summer (2014) trees were cut down and caused insects to enter the facility. The interim administrator indicated that she conducted daily rounds within the facility but had not identified any of these issues. Interview on 10/28/14 at 4:15 pm with the interim administrator revealed her expectation was to have a pest free environment.	F 469		