STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING		C	
		345436	B. WING		09/07/2018	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	•	
WELLING	TON REHABILITATION A	AND HEALTHCARE		1000 TANDAL PLACE		
				KNIGHTDALE, NC 27545	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLE	
F 761 SS=E	Label/Store Drugs an CFR(s): 483.45(g)(h)		F 76	1	9/28/18	
	Drugs and biologicals	y and cautionary				
		of Drugs and Biologicals				
	Federal laws, the fact biologicals in locked	ordance with State and ility must store all drugs and compartments under proper , and permit only authorized cess to the keys.				
	locked, permanently a storage of controlled the Comprehensive E Control Act of 1976 a abuse, except when a package drug distribu quantity stored is min be readily detected. This REQUIREMENT	cility must provide separately affixed compartments for drugs listed in Schedule II of Drug Abuse Prevention and and other drugs subject to the facility uses single unit ution systems in which the himal and a missing dose can				
				F-761 483.45(h) – Storage of Drugs and Biologicals Process that lead to deficiency Root Cause Analysis: During Quality	,	
	Findings included:			Monitoring for expired Medications, ( the Counter (OTCs) Medications we	Over	
	AM of the medication	conducted on 9/5/18 at 11:00 cart (med cart) labeled ttle of Oyster shell calcium		inadvertently not in Quality Monitorin sample. Quality Monitor has been up to include OTCs in the sample.	g	

**Electronically Signed** 

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

09/16/2018

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE	0. 0938-03 SURVEY
ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	A. BUILDING			
					(	C
		345436	B. WING		09/	07/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	CODE	
	TON REHABILITATION A			1000 TANDAL PLACE		
				KNIGHTDALE, NC 27545		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETIO DATE
F 761	Continued From page	e 1	F 76	51		
		100 tabs (tablets) had an		Corrective Action for the af	fected Resident	
		018, 1 bottle of acidophilus		Medication Carts, Medicati		
		cap (capsule)-60 capsules		Medication Room Refriger		
	had an expiration dat	e of 8/2018. 1 bottle of		expired medications are m		
		ernational Units)-100 soft		without expired medication		
		n date of 8/2018. 1 bottle of		Corrective Action for the R	esident	
		nicrograms)-100 tabs had		Potentially Affected		
	an expiration date of	8/2018.		Medications carts, Medicat		
	An observation was	and wated an O/E/40 at 11.1E		Medication Room Refriger		
		conducted on 9/5/18 at 11:15 abeled Station 1B Cart and		reviewed by the Director of	-	
		Humalog Insulin-1000 units		Drugs that were expired we from the Medication Carts,		
		as opened 6/2/18. The bottle		Refrigerators and Medicati		
		edication and was labeled		rooms.	OT SLOCK	
		d (medication) after 28 days."		Licensed Nurses were re-e	educated by the	
		400mcg-100 tabs with an		Director of Nursing and or	•	
	expiration date of 8/2	-		Supervisor on checking the		
		0 tabs with an expiration		carts, medication refrigerat		
	date of 8/2018.	·		medication stock rooms		
				expired medications.		
		ducted on 9/5/18 at 11:25		The Facility will incorporate	-	
		he stated she was the nurse		the orientation process for	new hires.	
	-	t Station 1A and 1B and		Systemic Changes		
		nsible to check the med		The Director of Nursing is		
		lications at the beginning of		implementing the plan of c		
		stated there should not be		The Director of Clinical Ser		
		ons on a med cart and		Nurse Supervisor will moni		
	-	ns observed were expired. not checked these med carts		medication carts, 1 medica and 1 medication stock roo	-	
	this morning because			times a week for 12 weeks		
		.,		using the QI Monitoring To	•	
	An observation was o	conducted on 9/5/18 at 11:50		medications. Opportunities		
	AM of the Med Cart la			corrected by the DCS and		
	revealed: 1 bottle of I	Folic Acid 400mcg-100 tabs		Supervisor as identified du		
		te of 8/2018, 1 bottle of		monitoring.	-	
		0 tabs with an expiration		Quality Assurance		
		bottle of Mucus Relief		The results of these review		
		an expiration date of		submitted to the QAPI Con	-	
	6/2018. The cart also	contained the following		Director of Nursing for revi	ew by IDT	

Facility ID: 923537

		ND HUMAN SERVICES			PRINTED: 10/08/20 FORM APPROV OMB NO. 0938-03
CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
		345436	B. WING		C 09/07/2018
NAME OF P	ROVIDER OR SUPPLIER	•	- <b>I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE	•
	TON REHABILITATION A			1000 TANDAL PLACE	
WELLING	ION REHABILITATION A			KNIGHTDALE, NC 27545	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETIC
F 761	Continued From page	e 2	F 76		
-		ere loose in the cart: 17	1.10	members each month. Quality m	onitoring
		lief soft gels-125mg each, 3		schedule modified based on findi	
		s, and 2 Bisacodyl 10mg		QAPI Committee to evaluate the	
	suppositories.	, , , , , , , , , , , , , , , , , , ,		effectiveness and amend as need	led.
	<b>.</b>				
		ducted on 9/5/18 at 11:55			
		he stated she was assigned Station 2, each shift was			
		their assigned cart for			
		lications, and she had not			
		2 med cart. She also stated			
		oose or expired medications			
	on any med cart.	·			
	AM with the Director	nducted on 9/5/18 at 11:58 of Nursing. She stated ible for checking their med			
	-	of each shift for expired or			
		he also stated it was her			
		re to be no expired or loose			
	medications on any r	•			
	Dispose Garbage an CFR(s): 483.60(i)(4)		F 814	1	9/28/18
	§483.60(i)(4)- Dispos	se of garbage and refuse			
	properly. This REQUIREMEN	Γ is not met as evidenced			
	by:				
		ons and staff interviews the		F - 814 - 483.60(i)(4) - Disposa	lof
	· ·	area around the dumpsters		garbage and refuse properly	
		trash and debris for 2 of 2		Process that lead to the deficienc	У
	aumpsters observed.	. The findings included:		Root Cause Analysis: Facilities dumpster's service occurs on Tue	vehav
	An observation of the	e dumpster area on 9/4/18 at		and Thursdays. Dumpster service	-
		dumpsters surrounded on 3		occurred early on Tuesday, Septe	
	sides by a wooden fe	-		2018. Facility dumpster is lifted in	
		den piece of board about 4		using a forklift attachment on the	
	aumpsici nad a wood				

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 10/08/ FORM APPRO OMB NO. 0938-0
STATEMENT OF DEFICIENCIES (X1) PROVID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURVEY COMPLETED C
		345436	B. WING		09/07/2018
NAME OF PR	ROVIDER OR SUPPLIER		- <b>I</b>	STREET ADDRESS, CITY, STATE, ZIP CODE	
WELLING	TON REHABILITATION A	ND HEALTHCARE		1000 TANDAL PLACE KNIGHTDALE, NC 27545	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLET
F 814	board. Behind the wo discarded milk carton outside of it. There w juice containers and 2 between the wooden Spread around the ar dumpster were torn a trash bags. Near the handle which was und the dumpster was obseempty plastic 4 ounce empty 2 ounce cup us medications. There w gray plastic trash bag pile of debris on the p between the 2 dumps have been swept up 1 contained torn trash to During an interview w 9/4/18 at 9:38 AM he clean but the wastern frequently spilled the while emptying it. He frequently got caught the dumpster during to contents spilled out co the observation of the of the debris indicated ground for some time During an observation 9:41 AM the corporat	le was under the wooden boden board was a with a buildup of dirt on the vere also 3 empty 4 ounce 2 plastic water bottles board and the fence. rea on the right side ind parts of dark gray plastic left side dumpster a mop der the left rear foot rest of served. There was an e juice container and an sed for measuring was also several torn dark is. In addition there was a baved area in front and sters which appeared to but not removed. This pile bags. with the Dietary Manager on stated the area should be nanagement company items out of the dumpster e added the trash bags as they were exiting out of the emptying and the ausing the debris. He said e dirt build up on the outside d the items had been on the e.	F 81	<ul> <li>garbage is dumped into the battruck, garbage and trash at time out on the ground surrounding dumpster. Dietary Manager of staff or Maintenance Staff had completed routine rounds to duarea prior to surveyor arrival. trash was seen around dumps time of inspection. Corrective Action for the Reside Affected</li> <li>Dumpster/garbage storage area cleaned and remains free of du Corrective Action for Residents Affected</li> <li>Garbage Storage areas have I checked for being maintained condition to prevent the harboi feeding of pest. Follow up bas findings</li> <li>Systemic Changes</li> <li>On 9/4/18 the Dietary Manager and th Maintenance Director removed was around the dumpster.</li> <li>An in-service was initiated by the Manager of Dietary Services a cleaning around the dumpster dod closed and that all trash is pick placed in the dumpster.</li> </ul>	hes spills the r Dietary d not umpster Spillage of ter during dent ea has been ebris s Potentially been in a sanitary rage and sed on rr, he d trash that the District bout area to prs are ked up and hsible for ection. Dietary Cook
	-	n of the dumpster area with 9/4/18 at 10:00 AM she		times a day for 12 weeks then ensure that the garbage storage	weekly to

Facility ID: 923537

		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 10/08/201 APPROVEI O. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		345436	B. WING			09	C 0/07/2018
NAME OF P	ROVIDER OR SUPPLIER	•		ST	IREET ADDRESS, CITY, STATE, ZIP CODE	•	
			1000 TANDAL PLACE		000 TANDAL PLACE		
WELLING	TON REHABILITATION A			κ	NIGHTDALE, NC 27545		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 814		the dumpster area to be free	F	814	maintained in a sanitary condition to prevent the harborage and Dietary Manage feeding of pest utilizing the G Monitoring Tool for Disposal of garbag and refuse properly. Opportunities to corrected by the and or Dietary Cook identified during the Quality monitoring Quality Assurance The results of these reviews to be submitted to the QAPI Committee by the Dietary Manager for review by the IDT members monthly. Quality monitoring schedule modified based on findings. QAPI Committee to evaluate the effectiveness and modify monitoring a needed.	le be as g. the The	

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