

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2023
NAME OF PROVIDER OR SUPPLIER WELLINGTON REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 TANDAL PLACE KNIGHTDALE, NC 27545	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments	E 000		
F 000	An unannounced recertification and complaint investigation survey was conducted on 07/09/2023 to 07/12/2023. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #38L011. INITIAL COMMENTS	F 000		
F 745 SS=E	A recertification and complaint investigation survey was conducted from 07/09/2023 through 07/12/2023. Event ID#38I011. The following intakes were investigated: NC00201530, NC00201278, NC00200752, NC00199392, NC00199227, NC00197356, NC00196365, NC00196111, NC00195899, NC00195804, NC00195626, NC00195469, NC00195012, and NC00194583. 1 of the 43 complaint allegations resulted in a deficiency. Provision of Medically Related Social Service CFR(s): 483.40(d) §483.40(d) The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on record reviews, Physician interview and staff interviews the facility failed to arrange transportation for an outside appointment to avoid missing medical appointment for 1 of 2 residents reviewed for medically related social services (Resident #38). Findings included:	F 745	F745 – Provision of Medically Related Social Service Resident #38 had a urology consult dated 10-26-22. On 7-10-23 the physician's assistant discontinued the order for urology consult. An audit was completed 7/20/2023 by	8/8/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/28/2023

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.

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F 745	<p>Continued From page 1</p> <p>Resident # 38 was admitted on 10/20/2021 with diagnoses that included peri-urethra abscess, cystitis and nephrolithiasis(Kidney stone).</p> <p>A review of Resident #38's physician orders revealed on 10/26/2022 an order written by the Physician Assistant (PA) to schedule a follow-up appointment with urology regarding a ureteral stent.</p> <p>A facility Physician progress note dated 3/29/2023 revealed the facility's Physician Assistant had called the urology department at the hospital on 3/29/2023 and per the Urology Medical Assistant at the hospital, Resident #38's stent had been removed by facility nursing staff via the string on 11/18/2022. Resident #38 was to see the Urology Physician in January of 2023 for a follow-up of a kidney, ureter and bladder roentgenogram and renal ultrasound but the resident did not come for the appointment. The facility's Physician Assistant further wrote that Resident # 38 would be referred for a follow-up appointment to ensure Resident #38 was urologically stable.</p> <p>Further review of Resident #38's medical record revealed there was no documented evidence of the follow-up urology appointment.</p> <p>Review of Resident #38's quarterly Minimum Data Set dated 5/19/2023 revealed she was moderately impaired cognitively, required supervision with toilet use, limited assistance with person hygiene, used both a walker and wheelchair for mobility and was continent of bowel and bladder.</p> <p>An interview on 7/10/2023 at 1:13 PM with Transportation staff revealed that she was</p>	F 745	<p>Director of Nursing and Unit Managers of last 30 days of physician orders for appointments or consults to ensure appointments made and follow-up complete. No other issues identified.</p> <p>The Director of Nursing and Unit Managers educated current nurses to include full time, part time and prn (as needed) and Transportation Aide on process for consults and appointments to be completed by 8/2/2023. Appointment and transportation books are located in a wall pocket outside the Director of Nursing office. Any nurse not inserviced by 8/2/2023 will be inserviced before their next shift. This information will also be added to the orientation for nurses and medication aide beginning 7/28/2023.</p> <p>The Executive Director or Director of Nursing will conduct audits of the appointment transportation book to ensure appointments are made and follow-up completed weekly for 8 weeks. The Executive Director or Director of Nursing will conduct audits of admissions and re-admissions to ensure follow-up appointments are made weekly for 8 weeks. The Executive Director will report the results of the quality monitoring (audit) and report to the QAPI (Quality Assessment and Performance Improvement) committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring (audit) updated as indicated.</p>		

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F 745	<p>Continued From page 2</p> <p>unaware of an order to make an appointment for Resident #38; and she had not made any urology appointments for Resident #38 since she came in her current position in October of 2022. She indicated that the process for making appointment was the nurse obtained an order either verbally or written, the nurse made a copy of the appointment and gave a copy to her.</p> <p>An interview conducted on 7/10/2023 at 1:30 PM with the Director of Nursing revealed she wasn't aware of a problem with making appointment for Resident #38. The DON explained the process of ensuring appointment was made was all new orders were run daily by the unit managers and the Director of Nursing to ensure appointment was made and communicated with transportation.</p> <p>A record review revealed a progress note stated 7/10/2023 at 2:32 PM which stated "spoke with Physician Assistant in regard to a urology consult. Physician Assistant discontinued the order for consult as well as no new orders for a Urinalysis."</p> <p>An interview conducted with the Administrator on 7/10/2023 at 3:18 PM revealed if there was an order for a needed appointment the appointment should be made, and the resident taken to the appointment.</p> <p>A phone interview was conducted with the Medical Director on 7/12/2023 at 8:31 AM, he revealed that he was unaware of the appointment not being made or that Resident #38 had missed an appointment. He further stated that Resident #38 had not had any further urinary tract infections and was stable, so the needed continuation of urology was not necessary. He further stated that a roentgenogram and renal</p>	F 745			

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F 745	Continued From page 3 ultrasound had been done at some point since the removal of the stent, he further stated he was aware of Resident #38 history and continued to follow her closely for any urological conditions.	F 745			
F 836 SS=F	License/Comply w/ Fed/State/Locl Law/Prof Std CFR(s): 483.70(a)-(c) §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of	F 836		8/8/23	

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F 836	<p>Continued From page 4</p> <p>non-compliance with this paragraph. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and staff interview the facility failed to ensure a nurse's license was verified for 1 of 5 nurses reviewed for licenses. (Nurse # 1)</p> <p>The findings included:</p> <p>Nurse #1 was hired on 10/10/2022 as a Registered Nurse (RN) and terminated on 11/08/2022.</p> <p>A review of an RN license with the North Carolina Board of Nursing (NCBON) dated 11/08/2022 revealed license number of an RN with the same name as Nurse #1 was issued on 03/26/1979. Nurse #1 would have been 5 years old at the time of issue.</p> <p>A review of the NCBON license verification with the same name as Nurse #1 revealed an RN permanent license with approval date of 03/26/1979 and expiration date of 08/31/2023 that was active.</p> <p>A review of the NCBON license verification with Nurse #1 revealed an expired Licensed Practical Nurse (LPN) permanent licensed that was expired. An RN license was not found for Nurse #1.</p> <p>An interview with the Administrator was conducted on 07/11/2023 at 12:03 PM. The Administrator stated he was not working with the facility in November of 2022. All administrative personnel that worked on this investigation are no longer with the company. He stated he looked</p>	F 836	<p>F836 – License/Comply w/Fed/State/Loc/ Law/Prof Std</p> <ol style="list-style-type: none"> 1. Nurse #1 is no longer employed by the facility. 2. An audit will completed by Human Resources and Director of Nursing of current licensed nurses by social security number and date of birth to validate license active to be completed by 8/2/2023. No other issues identified. 3. The Executive Director educated the Human Resources Director and Director of Nursing on 7/28/2023 on the process of checking nursing license by use of social security number and date of birth. (Validation by copy of social security card and copy of driver's license.) A copy of current nurses' license is placed in notebook by order of expiration date. Human Resources and Administrator/Director of Nursing will review current nursing license monthly and ensure current nurses license active and current. Upon interview nursing license will be validated by Human Resources and copy provided to Director of Nursing for interview process. 4. The Executive Director or Director of Nursing will conduct random audit of Nurse licensure book weekly to ensure current nurses are active and current weekly for 12 weeks. The Executive Director will report the results of the quality monitoring (audit) and report to the QAPI committee. Findings will be 		

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F 836	Continued From page 5 over the investigation and it appeared Nurse #1 used the license number of someone with the same name to gain employment at the facility. The administrator also stated she worked at the facility for less than a month on different halls. There were no issues found during that time frame concerning her nursing practices. The Administrator further stated it seems as though the person that was verifying her license used the license number for validation. It is expected prior to employment, nursing licenses should be validated by social security number and/or dated of birth and not just by a nursing license number to assure all nursing staff licenses were valid. The previous Administrator and Nurse #1 was not available for interviews.	F 836	reviewed by QAPI committee monthly and Quality monitoring (audit) updated as indicated.		