STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 000	Initial Comments The Adult Care Licensure Section conducted an annual and follow-up survey on February 21-22, 2018.	D 000		
D 076	10A NCAC 13F .0306(a)(3) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings (a) Adult care homes shall: (3) have furniture clean and in good repair; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the chairs in the resident rooms, the furniture in the West Hall living rooms, the outdoor picnic table, and dining room tables were kept clean and in good repair. The findings are: Observation of the outdoor picnic table on 2/21/18 at 3:44pm revealed two of the 6 wood planks on the top of the table were warped and partially detached from the frame. Observation of the West Hall living room on 2/21/18 at 3:07pm revealed: -The white wooden chair facing the parking lot window had a dark blue seat cushion that was covered in white paint splatter. -The white wooden chair facing the parking lot window had dirt and debris including a salt-packet visible below the seat cushion at the front of the chair. -There was a white wood-frame sofa facing the window of the parking lot with no seat cushions.	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 076	Continued From page 1 -There was a white wood-frame chair facing the television that had black scuff marks at the front base of the chair and white paint splatter on the front of the dark blue seat and back cushions. -There was a white wood-frame sofa facing the television with a dark blue seat cushion which had 5 tears in the vinyl at the center front edge. -There was a white wooden table to the left of the exit door with a 8-inch by 20-inch section of peeling paint on the top surface by the wall. Interview with the Assistant Director on 2/22/18 at 2:45pm revealed: -She was unaware that the West Hall Living Rooms had furniture in need of cleaning or repair. -The furniture in the living rooms were recently painted and some of the paint must have gotten on the cushions. -The residents sometimes "pick" at the Living Room furniture seat cushions with their nails which must have caused the tears in some of the seats. -None of the staff or residents had notified her that the furniture was torn or dirty. -She would tour the facility and identify any furniture in need of cleaning or replacement immediately. Observation of Resident Room #41 on 2/21/18 at 3:22pm revealed the metal bed frame under the mattress on the bed by the entry door was broken in the center the bed causing the mattress to sink in the middle. Interview with the Resident of Room #41 on 2/21/18 at 3:22pm revealed: -The mattress frame had been broken for "a long time." -He had not told staff that he needed a new bed frame.	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 076	Continued From page 2 -He wanted a new bed frame and mattress. Observation of Resident Room #26 on 2/21/18 at 3:32pm revealed there was a wooden chair with multiple white and gray stains on the green fabric of the seat. Observation of Resident Room #28 on 2/21/18 at 3:38pm revealed there was a wooden chair with multiple white and gray stains on the blue fabric of the seat. Observation of Resident Room #15 on 2/21/18 at 3:45pm revealed there was a wooden chair with multiple dark gray stains on the green fabric of the seat. Observation of Resident Room #45 on 2/21/18 at 3:59pm revealed there was a wooden chair with a light gray seat cushion that was dirty and had multiple dark gray stains. Observation of Resident Room #43 on 2/21/18 at 4:05pm revealed: -There was a wooden chair with a light gray seat and back cushion that was dirty and had multiple dark gray stains. -The armrests of the chair were dirty and had several dark brown stains on the top of each arm. Observation of Resident Room #13 revealed that finish on the dresser and nightstand was worn and exposed the bare wood. Observation of Resident Room #17 revealed that the finish on the entire top the footboard was worn and exposed the bare wood. Observation of Resident Room #21 revealed that the finish on both visitor's chairs was worn on the	D 076		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 076	Continued From page 3	D 076		

top of the arms and exposed the bare wood.

Observation of Resident Room #1 on 2/22/18 at 9:55am revealed:
-A burgundy recliner by the closet door was dirty with dark brown stains to the headrest and both armrests.
-A wooden chair with a green cushion was covered scattered white stains, the wood was scarred on both armrests, and brown dust on all four leg supports.

Observation of Resident Room #4 on 2/22/18 at 10:05am revealed:
-A wooden chair located by the window with a gray cushion was covered scattered black and brown stains, the wood was scarred on both armrests, and there was brown dust on all four leg supports.
-A wooden chair located by the closet with a green cushion was covered scattered black and brown stains, the wood was scarred on both armrests, and there was brown dust on all four leg supports.

Confidential interview with 2 residents revealed:
-Both residents did not like the condition of the furniture in their rooms.
-No one cleaned the upholstery in their rooms.
-They had not complained about the condition of the furniture because they were not sure who they needed to complain to about it.

Observation of the dining room areas on 2/21/18 at 10:50am revealed:
-There were five metal tables with numerous black stains, rust spots, and chipped gray paints to their legs supports.
-There were five wooden tables with chipped, scarred areas and dark brown build-up to the leg

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 076	Continued From page 4 supports of the tables. Interview with the Dietary Manager on 2/21/18 at 3:00pm revealed: -She wiped the plastic table covers on the tables in the dining room between meals. . -Third shift staff was supposed to thoroughly clean the table covers, tables, chairs and around the table bases. -She did not know the last time the tables were cleaned in the dining room Interview with the Assistant Director on 2/22/18 at 11:25am revealed: -The "deep cleaning" of all of the dining room tables was supposed to be done by the third shift staff weekly when staff scrubbed the leg supports and table legs. -The last time he definitely the tables were cleaned by the third shift staff was during the week of 1/9/18. -The third shift did not have to "sign off" when they cleaned the dining room tables so he was not exactly sure the last time the tables had been cleaned. -He would have to follow-up with the third shift staff to verify when the dining room tables were being cleaned. -He had not noticed any problems with the cleanliness, rust spots, or chipped paint to the dining tables. -Staff had not reported any problems with any of the dining room tables.	D 076		
D 087	10A NCAC 13F .0306(b)(1) Housekeeping And Furnishings 10A NCAC 13F .0306 Housekeeping And Furnishings	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 087	Continued From page 5 (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (1) A bed equipped with box springs and mattress or solid link springs and no-sag innerspring or foam mattress. Hospital bed appropriately equipped shall be arranged for as needed. A water bed is allowed if requested by a resident and permitted by the home. Each bed shall have the following: (A) at least one pillow with clean pillow case; (B) clean top and bottom sheets on the bed, with bed changed as often as necessary but at least once a week; and (C) clean bedspread and other clean coverings as needed; This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the residents had bed spreads, pillows, bottom sheets, and a mattress were clean and in good repair. The findings are: Observation of Resident Room #5 on 2/21/18 at 9:35am revealed the bed by the entry door had multiple tan-colored stains throughout the beige-colored bedspread. Observation of Resident Room #46 on 2/21/18 at 2:59pm revealed the bed by the entry door had multiple tan-colored stains throughout the faded red bedspread. Observation of Resident Room #44 on 2/21/18 at 3:01pm revealed: -The bed by the entry door had multiple	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 087	Continued From page 6	D 087		

tan-colored stains throughout the faded red bedspread.
-The pillow on the bed by the window was dirty and had several tan-colored round stains.
-The white fitted mattress sheet on the bed by the window had 2 red stains in the top center measuring approximately 2-inches in diameter.

Observation of Resident Room #42 on 2/21/18 at 3:05pm revealed the white fitted mattress sheet on the bed by the window was dirty and covered with dirt particles.

Observation of Resident Room #37 on 2/21/18 at 3:19pm revealed the bed by the entry door had multiple tan-colored stains throughout the faded red bedspread.

Observation of Resident Room #26 on 2/21/18 at 3:32pm revealed the bed by the far wall had multiple tan-colored stains throughout and a 2-foot long gray stain in the top center of the faded red bedspread.

Observation of Resident Room #43 on 2/21/18 at 4:05pm revealed the bed by the entry door had multiple tan-colored stains throughout the faded red bedspread.

Observation of Resident Room #6 on 2/22/18 at 10:00am revealed the both beds in the room had sheets and bedspreads with several tan stains and torn areas.

Confidential interview with 5 residents revealed:
-Many of the bed spreads were old and had "bleach marks" from the laundry.
-Some of the rooms had new bed spreads but others still had the old ones.
-They would like new bed spreads.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 087	Continued From page 7 -The sheets were replaced with clean sheets regularly by housekeeping but sometimes the clean sheets were stained. -They were unsure how often the linens were changed on their beds. -The pillows needed to be replaced in many of the rooms as they were very "thin." -Most of the sheets and blankets were old and torn. -They had not complained about the condition of the sheets and blankets. -They would like some new linens for their beds but they had not spoken to staff about it. Observation of Resident Room #32 on 2/21/18 at 3:18pm revealed the mattress was sunken in the middle. Interview with the Resident of Room #32 on 2/21/18 at 3:18pm revealed: -The mattress had no support and needed to be replaced. -It was uncomfortable to sleep on the mattress because he kept falling into the middle of the bed. Interview with the Assistant Director on 2/22/18 at 11:25am revealed: -He had noticed the condition of the old tablecloths in the dining room. -The old tablecloths had been in use for about 2 years. -The facility was in the process of purchasing new tablecloths but it just had not happened yet. -He was not sure if the new tablecloths had been ordered yet. -The dietary manager had purchased some cheap replacements that would last until the new tablecloths were obtained. -She had replaced several bedspreads in the facility with new white-colored ones recently.	D 087		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 087	Continued From page 8 -She was unaware that the red and blue bedspreads were still being used at the facility as they had ordered replacements. -There was a box of replacement bedspreads in the office closet. -She would ensure that the bedspreads, pillows and worn sheets be replaced immediately. -No residents or staff had notified her of any bedspreads needing replacement. -She was ultimately responsible for identifying any items in need of replacement at the facility and had not noticed any of the linens during her daily walk through the facility.	D 087		
D 269	10A NCAC 13F .0901(a) Personal Care and Supervision 10A NCAC 13F .0901 Personal Care and Supervision (a) Adult care home staff shall provide personal care to residents according to the residents' care plans and attend to any other personal care needs residents may be unable to attend to for themselves. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide feeding assistance during meals for 1 of 1 resident sampled (#6) who demonstrated an inability to feed herself during 2 meal observations. The findings are: Review of Resident #6's current FL-2 dated 12/18/17 revealed: -Diagnoses included paranoid schizophrenia,	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 9	D 269		

major depressive disorder, and anxiety.
-Resident #6 was ambulatory and incontinent of bowel and bladder.
-Orientation status not documented.

Review of Resident #6's care plan dated 8/9/17 revealed:
-Resident #6 had limited mobility for ambulation and limited range of motion to upper extremities.
-Resident #6 was oriented but forgetful and required reminders.
-Resident #6's speech and communication skills were described as weak.
-Resident #6 required limited assistance with eating, ambulation, and transferring and required extensive assistance with toileting, bathing, dressing, and grooming.

Review of a psychiatry note for Resident #6 dated 9/13/17 revealed:
-Resident #6 was disoriented to place, time, year, and situation.
-Resident #6 demonstrated very poor concentration, insight, and judgment.
-Staff reported that Resident #6 was "worsening over time" with increased paranoia especially after eating breakfast.

Observation of Resident #6 during the lunch meal on 2/21/18 from 12:05pm to 12:33pm revealed:
-Resident #6 was assisted to the dining room and seated at her table by a personal care aide (PCA) at 12:05pm.
-Resident #6 shuffled her feet as she walked and appeared lethargic when she sat down.
-A second PCA placed a plate that contained meatloaf, mashed potatoes, spinach, and a roll in front of Resident #6 at the table.
-Resident #6 attempted to pick up her fork to feed herself but dropped her fork at least 4 times

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 10	D 269		

during her attempts to feed herself.
-Resident #6 sat with her eyes half-closed and began to "clap" both her hands in the mashed potatoes on her plate for approximately 10 minutes.
-A medication aide (MA), 2 PCAs, and the dietary manager were present in the dining room during this time but no staff offered to assist Resident #6 with eating.
-Resident #6 did not ask for help from the staff with her lunch meal.
-At approximately 12:30pm, a survey team member inquired to the staff in the dining room if any of the staff noticed Resident #6 was having problems feeding herself and was not eating.
-The dietary manager then offered Resident #6 assistance with eating but Resident #6 refused to eat the food from her plate.
-Resident #6 did eat two spoonfuls of orange sherbet that was offered for dessert and then refused to eat anymore when offered by staff.
-Resident #6 was escorted from the dining room at 12:33pm by the dietary manager.

Interview with a PCA on 2/21/18 at 12:40pm revealed:
-She did not notice that Resident #6 needed any assistance with eating her lunch because she was feeding another resident.
-"Resident #6 usually ate her lunch without any assistance from staff but had been very groggy for a couple of days".
-She did not know if other staff "had to help Resident #6 to eat any of her meals since she had become so groggy".

Interview with the dietary manager on 2/21/18 at 12:45pm revealed:
-"Resident #6 had been acting out of it for the last couple of days".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 11	D 269		

-"Resident #6 was normally very feisty, active, and she had a good appetite".
-"No one usually had to feed Resident #6 because she could do that herself."
-"The last couple of days Resident #6 just seemed like she was just too so sleepy so I tried to look out for her in the dining room."
-"The MAs and PCAs were normally pretty good about helping residents who needed help with eating."
-She did not know why staff did not attempt to help Resident #6 during lunch.

Interview with the medication aide on 2/21/18 at 12:50pm revealed:
-He had not noticed that Resident #6 needed any help with her lunch.
-He would have helped Resident #6 to eat if he saw she needed assistance.
-"Resident #6 had good days and bad days and this was just a bad day".
-"Resident #6 usually ate her meals without any staff assistance but staff would help Resident #6 if staff saw the resident needed help".

Review of Emergency Room Summary Visit Note dated 2/20/18 revealed Resident #6 was sent to the emergency room for altered mental status, had a diagnosis of sleepiness, and was to follow with her primary care provider as needed.

Review of a care provider order request form for Resident #6 dated 2/21/18 revealed:
-It was a follow-up visit for the emergency room visit for altered mental status changes.
-There were no medications changes and the mental health provider would follow-up with Resident #6 in 1 week.

Attempted telephone interview with Resident #6's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 12 primary care provider on 2/22/18 at 2:28pm was unsuccessful. Observation of Resident #6 on 2/22/18 at 9:40am revealed: -Resident #6 was alert and shuffled her feet as she walked down the hallway. -She mumbled and her speech was garbled Resident #6 spoke. Interview with the same medication aide on 2/22/18 at 9:45am revealed: -Resident #6 seemed more alert and had walked in the hallway. -He did not observe Resident #6 eat her breakfast meal. -"It looked like Resident #6 was having a better day". Observation of Resident #6 during the lunch meal on 2/22/18 from 12:10pm to 12:50pm revealed: -Resident #6 shuffled her way into the dining room and sat at the table independently. -Staff gave Resident #6 her meal of a baked ham slice, baked beans, broccoli, one slice of white bread, a glass of iced tea, and a glass of water at 12:19pm. -Resident attempted several times to drink her iced tea but was unable to hold her cup to her mouth due to her right hand trembling. -A medication aide (MA), 2 PCAs, and the dietary manager were present in the dining room but no staff offered to assist Resident #6 with drinking her tea. -Resident #6 looked at her lunch plate, pushed the plate aside, and continued her attempts to drink her iced tea at 12:40pm. -All staff except the dietary manager and one PCA had left the dining room. -No staff attempted to assist the Resident #6 to	D 269		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 13	D 269		

drink her tea or inquire if the resident needed any type of assistance with her lunch meal.
-Second PCA returned back to dining room area at 12:45pm.

Interview with a second PCA on 2/22/18 at 12:45pm revealed:
-She was not aware that Resident #6 needed any help with eating or drink during lunch.
-No one had said anything to her that [Resident #6] needed help.
-Resident #6 normally fed herself but "she had been different because she had been really sleepy for a couple of days."
-She would have helped [Resident #6] earlier if she had known the resident needed help with getting her food.

Interview with Resident #6's mental health provider on 2/22/18 at 12:58pm revealed:
-She had seen Resident #6 for a follow-up visit on 2/21/18 for an emergency room visit for altered mental status changes.
-She noticed Resident #6 did not appear to be as alert or as active since her last visit in December 2017 for primary care services.
-Resident #6 did appear to have increased sleepiness but staff had not reported any problems with Resident #6 being unable to feed herself or coordinate drinking from a cup.
-She was not scheduled to follow-up with Resident #6 for another week but she was concerned about the resident's mental status changes.
-She would contact Resident #6's primary care provider for further evaluation.
-Re-evaluation was needed to see if Resident #6 may need additional assistance with her personal care.
-Resident #6 would benefit from increased

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 269	Continued From page 14 monitoring and supervision by staff because of the recent mental status changes. Attempted telephone interview with Resident #6's family member on 2/22/18 at 2:30pm was unsuccessful. Interview with the Assistant Director on 2/22/18 at 3:05pm revealed: -Resident #6 was sent to the emergency room on 2/20/18 for altered mental status but there had not been any changes to Resident #6 level of care. -The emergency room doctors wrote that Resident #6 was sleepy but there was no reason identified. -Resident #6 just had good days and bad days when she may be alert and then other days that she was super sleepy. -The staff knew to supervise Resident #6 more closely on the days when she was groggy. -Staff provided more assistance to Resident #6 for her personal care needs on those day when she was groggy, but it just depended on the resident. -He was not aware of any problems with Resident #6 not being able to feed herself during lunch on 2/21/18 or 2/22/18 or any other meals. -He would follow up with the MAs and PCAs to see what happened on those days. -Staff was expected to notify him or any member of management if there were any increased need for resident supervision.	D 269		
D 273	10A NCAC 13F .0902(b) Health Care 10A NCAC 13F .0902 Health Care (b) The facility shall assure referral and follow-up to meet the routine and acute health care needs	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 273	Continued From page 15 of residents. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to assure 1 of 5 sampled residents (Resident #1) was sent for a chest x-ray as ordered by the Home Health Nurse after abnormal Tuberculosis (TB) skin test were obtained. The findings are: Review of Resident #1's current FL-2 dated 12/17/17 revealed diagnoses that included Unspecified Deprive Disorder, Benzodiazepine and Opiate Abuse Disorder and Diabetes Mellitus Type II. Review of Resident #1's Resident Registry on 02/21/18 revealed an admission date of 12/18/17. Review of Resident #1's medical record on 02/21/18 revealed: -There was a TB skin test placed on 12/14/17 and read as "0"mm (millimeters) on 12/16/17. -There was a TB skin test placed on 12/27/17 and read as "2"cm (centimeters) on an unknown date. -The comment "slightly red/raised" was written above the 2 cm reading. -The TB skin test reading for the 12/27/17 test was signed by a Home Health Nurse used by the facility. -There was no documentation of the primary care physician being notified about the abnormal reading. Interview with the Assistant Director and Director	D 273		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 273	Continued From page 16 on 2/22/18 at 9:15am revealed: -Resident #1 had been cleared by the home health nurse as having two negative TB skin tests. -The second TB test had been identified as being negative. -Resident #1's centimeter notation was in error. -They would contact the nurse who read Resident #1's TB skin tests. -The nurse who read the skin test had recommended an x-ray to rule out the 2nd TB skin test which showed "redness only." -They would locate the results of the chest x-ray that had been performed after the 2nd TB skin test was read by the nurse. Telephone interview on 02/22/18 at 9:40am with the home health nurse (HHN) revealed: -The HHN did not remember the date she read the skin test. -She remembered that it was red and "didn't look right". -The nurse had advised the resident have a chest x-ray to rule out TB. Review of an x-ray report for Resident #1 dated 02/21/18 revealed: -The chest x-ray had been done at 5:10pm. -There was no evidence of chest disease. Telephone interview on 02/22/18 at 10:49am with a medical record clerk at a local hospital revealed that the x-ray provided by the facility was performed on 02/21/18 and was the only x-ray on file for Resident #1.	D 273		
D 282	10A NCAC 13F .0904(a)(1) Nutrition and Food Service	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 282	Continued From page 17 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (1) The kitchen, dining and food storage areas shall be clean, orderly and protected from contamination. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to assure the kitchen, dining and food storage areas were kept clean, orderly and free from contamination including a steamer table, a microwave, 2 reach-in refrigerators, ice machine, range hood, fan, the walls of the small dining room, and the floors and walls in the kitchen. The findings are: Observation of the small dining room on 2/21/18 at 11:30am revealed: -Two of four walls had several black scuff marks and chipped peeling paint. -A food steamer table had several brown food stains on its left front side. -The inside of a microwave had several brown stains and the white enamel was chipped in several areas of its interior facing the door when it was opened. Observation of the kitchen on 2/21/18 at 11:35am revealed: -Four of four baseboards had scattered brown dust build-up. -Four of four walls had scattered brown stains and black marks. -A 3-tiered white metal wall rack next to the dishwasher was discolored with brown dust and greasy brown residue. -The metal counter space next to the dishwasher had an area of clear pooling water approximately	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 282	Continued From page 18 1 foot long and 8 inches wide. -A large black metal fan with a grate covering encrusted with dark gray dust was located to the right side of the dishwashing area. -The range hood over the stove and oven had a greasy brown build-up. Observation of the 1st reach-in refrigerator by the kitchen entrance on 2/21/18 at 11:40am revealed: -All 3 metal racks on the left side of the refrigerator were covered with scattered rust spots and white crusty residue. -The right side of the refrigerator had a pooling of water in the bottom of the compartment that was approximately ¼ of an inch deep. -The interior gaskets of both refrigerator doors had several brown spots and white crusty residue. -The air vent cover below the right refrigerator door was covered with dark gray dust. Observation of the 2nd reach-in refrigerator by the kitchen entrance 2/21/18 at 11:45am revealed: -Both of the 2 metal racks inside the right side of the second refrigerator were covered with scattered rust spots and white crusty residue. -There were several red stained areas on the back wall of the refrigerator compartment. -The interior gaskets of both refrigerator doors had several brown spots and white crusty residue. -The air vent cover below the right refrigerator door was covered with dark gray dust. Observation of the ice machine on 2/21/18 at 11:51am revealed: -The exterior of the ice machine was covered with several white drip stains and scattered white spots.	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 282	Continued From page 19 -The interior gaskets of the ice machine had several areas of white crusty residue and brown spots. -There were several brown crusty stains scattered throughout the interior compartment walls of the ice machine. -The interior compartment was half filled with ice and the ice touched the brown crusty stains on the compartment walls. Interview with the dietary manager on 2/21/18 at 3:00pm revealed: -She had worked in the kitchen at the facility for a total of 16 years with 10 years as the dietary manager. -She was the only person working in the kitchen and she worked from 6am to 6pm on Monday through Friday and alternating weekends. -She primarily prepared the meals for the facility and she really did not have time clean the kitchen. -The Assistant Director had other facility staff to help her sometimes but it was limited how much time the facility staff could spend in the kitchen since they still had to do patient care. -She had a weekly sanitation checklist to document when cleaning duties were completed in the kitchen but she had not documented on the checklist for about 2 years. -"I clean in the kitchen as best I can when I can". -She didn't know about the pooling water in the second refrigerator but would have maintenance check it out. -The water had been pooling by the dishwasher for a couple of months because the dishwasher needed to be fixed. -The hood for the stove was last cleaned about a year ago but the Assistant Director had called someone to come clean it sometime last week. -The ice machine was cleaned about once a	D 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 282	Continued From page 20 month and it was time for it to be cleaned again. -She wiped down the steamer table in the small dining room after each meal. -She used the microwave in the small dining room but had not noticed the peeling enamel. -Three new dietary staff had been hired but they had not officially started yet. Interview with the Assistant Director on 2/22/18 at 11:25am revealed: -"Three new dietary staff were starting soon and things would work a lot smoother once the new dietary staff was able to start working." -The current staff helped the dietary manager in the kitchen when it was feasible. -All staff was expected to clean in the kitchen when they worked and document on the sanitation checklists when the cleaning duties were completed. -Management did not check the sanitation checklists for completion of cleaning duties. -He did walk through the kitchen and dining room areas on a daily basis to make sure the areas were clean. -He had called someone to clean the range hood last week but the company never returned his call. -The facility maintenance person was going to clean the ice machine on 2/22/18. -The microwave in the small dining room would be replaced and he would have it removed since the enamel was chipping. -He would follow-up with the dietary manager for the other repairs and cleaning tasks that were needed in the kitchen.	D 282		
D 283	10A NCAC 13F .0904(a)(2) Nutrition and Food Service	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 283	Continued From page 21 10A NCAC 13F .0904 Nutrition and Food Service (a) Food Procurement and Safety in Adult Care Homes: (2) All food and beverage being procured, stored, prepared or served by the facility shall be protected from contamination. This Rule is not met as evidenced by: Based on observations and interview, the facility failed to assure that food served by the facility was free from contamination by not labeling and dating opened food items in 2 reach-in refrigerators and ensuring flannel-backed vinyl table cloths and plastic overlay were kept clean. The findings are: Observation of the dining room areas on 2/21/18 at 10:50am revealed: -There were 10 rectangular tables with green flannel-backed vinyl tablecloths and plastic overlays. -All of the tablecloths had several torn areas and had brown and black stains on both the sides and flannel backing of all of the tablecloths. -All of the plastic overlays had scattered old food particles that were encrusted between the vinyl tablecloths and the hard plastic of the overlay. Observation of the 1st reach-in refrigerator by the kitchen entrance on 2/21/18 at 11:40am revealed: -A 5 lb. bag of mozzarella cheese that was not dated or labeled had been ripped opened and left in the bottom of the refrigerator. -There were black particles along the ripped plastic edges of the mozzarella bag. -The bag that contained the mozzarella cheese was open and cheese was exposed to the air. Observation of the 2nd reach-in refrigerator by	D 283		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 283	Continued From page 22	D 283		

the kitchen entrance 2/21/18 at 11:45am revealed:
-On the top shelf, there was a 4 lb. open jar of grape jelly, a 16 oz. bottle of Caesar salad dressing, and two 14 oz. cans of whipped toppings that were all opened, not dated or labeled.
-On the 2nd shelf, there was a 2 liter ginger ale drink, 2 gallons of sweet relish, 1 gallon of French dressing, 1 gallon of Italian dressing, 1 gallon of tartar sauce, and 5 pounds of pimento cheese that were all opened, not dated or labeled.
-None of the open containers had expired expiration dates.

Interview with the dietary manager on 2/21/18 at 3:00pm revealed:
-The cheese in the first refrigerator was old and she had meant to throw it out but forgot.
-She was not sure when the items in the second refrigerator had been opened.
-She used the opened unlabeled items in the second refrigerator when she prepared the meals for residents at the facility.
-She was not aware that opened food items needed to be labeled or dated once she opened them.
-She thought it was acceptable to serve from the undated open food items as long as they were refrigerated and not spoiled.
-She would throw out the opened food items in the refrigerator on 2/21/18.
-She would label and date all food items when she opened them from now on.
-She had completed the ServSafe food training within the last 2 years.
-The tablecloths had been on the tables for at least the 3 years.
-"The tablecloths looked old and were torn up because they had been on the tables so long".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL031006	A. BUILDING: _____ B. WING _____	R 02/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

(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) COMPLETE DATE
D 283	Continued From page 23 -"I knew the tablecloths need to be changed and I had asked the Assistant Director about getting new tablecloths last week". -She did not know if new tablecloths had been ordered. -There was no set routine of how often the tablecloths were changed. -"Whenever we get new tablecloths then I just change them". -All of the tabletops including the plastic overlays were cleaned after each meal. was served. Observation of the dining room areas on 2/22/18 at 9:05am revealed 5 of the 10 tablecloths had been replaced with new burgundy tablecloths. Interview with the dietary manager on 2/22/18 at 9:05am revealed she had purchased some new tablecloths for the dining room but it was going to take some time to replace all of the tablecloths. Interview with the Assistant Director on 2/22/18 at 11:25am revealed: -He had noticed the condition of the old tablecloths in the dining room. -The old tablecloths had been in use for about 2 years. -The facility was in the process of purchasing new tablecloths but it just had not happened yet. -He was not sure if the new tablecloths had been ordered yet. -The dietary manager had purchased some cheap replacements that would last until the new tablecloths were obtained. -He was not aware of any problems with unlabeled opened food in the kitchen. -He would discuss it with the dietary manager to clarify what needed to be done.	D 283		