STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE OF INSPECTION: 06/18/2013

NAME OF PROVIDER OR SUPPLIER

WELLINGTON REHABILITATION AND HEALTHCARE

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIC IDENTIFYING INFORMATION)

F 300

483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING

Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.

1. Resident #2 is no longer a resident in the facility.

F 300

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.

2. All current residents who had any out of facility medical providers appointments since May 1, 2013 have had charts updated to ensure that there is a consult in place for each appointment.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.

The licensed staff nurses have been re-educated by the Director of Clinical Services or the Assistant Director of Clinical Services concerning the expectation that all residents that have appointments with an out of facility medical provider will be placed on the 24-hour report on the day of the appointment.

SIGNED: Kim Snell, Director 6/20/13

Any deficiency cited resulting with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide equivalent protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable to the resident or his legal representative. All findings and plans of correction are disclosed to the state within 10 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.

ALGEBRA SNELL

EXECUTIVE DIRECTOR 6/20/13

DATE 6/20/13

REVISION 6/20/13

FACILITY OMB-2430-0500 Privacy and Security Forms

Event ID 53557

Facility ID 243057

II revision sheet

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Evacuq dental bleeding with clots. Dr. X's orders
where written for a urine analysis and an
Gynecologist consult to have been done.

According to dated logs located with the
appointment coordinator, the resident was sent to
a hospital in Raleigh for testing and biopsy of
uterus on 1/14/13.

The record review of lab results indicated on
1/14/13 Resident #2's biopsy of her uterus
indicated cancer. On 1/14/13 the Dr. X was a Doctor
of a order written by the PA to have arrangements
made for transportation for Resident #2 to her
Gynecologist appointment on 1/17/13 at 2:20 PM.

According to the Gynecologist consult notes on
1/17/13 Resident #2 along with her family
member discussed treatment options with the
Gynecologist. During the discussion it was
decided that the resident would be a good
candidate for surgery. It was decided that she
would proceed with a CT of the abdomen and
pelvis and start hormone therapy if the CT was
clear. The CT was performed on 1/21/13.

A record review indicated that Resident #2 was
seen by a Nurse Practitioner on 2/19/13. The
progress note stated CT report had not been
received yet. On 2/27/13 a nurse X noted a Resident #2's family called with concerns about
the resident's CT results. The nurse X's noted
this concern was communicated to the
Physicians Assistant (PA) and the PA would call
the family back concerning the results of the CT
scan. A doctor X's order dated 3/27/13 stated to
contact the gynecologist's office to obtain CT
results from 2/18/13.

According to the fax report located in the

appointment. The licensed
nurse will document the
return of the resident from
the appointment and will
document on the 24 hour
report and in the resident’s
chart the receipt of the
consult, or the actions taken.
If the report does not
accompany the resident back
to the facility.

3. The Director of Clinical
Services or Unit Manager will
bring the resident
appointment scheduling
calendar, the 24 hour report,
and the resident chart into
the morning meeting with
the interdisciplinary team
and verify the consult report
is in the chart, that
any orders on the consult
report have been properly
transcribed, and that any
follow up appointment on
the consult is placed onto
the scheduling calendar. The
Interdisciplinary team will be
informed of the consult
report contents and changes
to the care plan and CNA
updates will be made. The CI
Monitoring Tool for Out of
Facility Medical Provider
Resident’s chart the CT results were faxed to the facility on 6/22/13 at 11:29 AM. The CT report stated Resident #2 had a 5.0 cm round mass located in her uterus that was suspicious for resident’s known history of uterine cancer. There was no further noted cancerous lesions noted at that time. The report was read on 6/29/13 at 11:53 AM by the radiologist.

According to nurses notes dated 6/29/13, Resident #2 had a follow up appointment with an Oncology Radiologist to discuss treatment options. The Oncology Radiologist consult notes indicated Resident #2 and family had decided to start radiation treatments on the resident starting on 6/30/13 at 10:00 AM.

During an interview with family on 6/29/13 at 11:30 AM the family stated they had been calling the Social Worker and leaving messages to have information obtained about what the CT report said and where to go from there with treatment. Per family, the Social Worker never returned any calls or emails. The Social Worker was unavailable for an interview.

During an interview with NA #1 on 6/29/13 at 3:32 PM, it was revealed that the facility has an appointment board at each nurses station and they are checked daily to arrange for consults at outside doctors offices. NA #1 indicated that the resident was scheduled to go to a hospital on 6/19/13 and then to the gynecologist office following that several weeks later. NA #1 stated that she did not handle the follow up of test results for residents after they have had testing done.

Consults will be completed to verify all of this has occurred and will be completed by the Director of Clinical Services or the Unit Manager at each morning meeting 5 days a week x 4 weeks, 3 days a week x 4 weeks, weekly x 4 weeks and then monthly x 9 months (See Exhibit A).

4. The Director of Clinical Services will report the results of the OI monitoring to the OA/PH committee monthly for review and any recommendations for amendment of the plan of correction.

5. The allegation of Compliance for this plan is June 25, 2013.

6/25/13
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During an interview with the facility's Medical Director on 6/29/13 at 8:52 AM the Medical Director stated they should receive reports from testing done on residents within 5-7 business days and that the facility needed to do a better job at obtaining those reports in a timely manner.

During an interview on 5/28/13 at 9:45 AM the DON stated that there was no system in place to address the follow-up of testing. The DON stated that she would bring all appointments to the facility meeting everyday so that she was aware of the follow-ups that needed to be completed. She stated her expectations were they took all appointments as a group with the Doctor and the PA's in the facility so follow-up's on testing, if needed, would be done in a timely manner.

During an interview on 5/28/13 at 10:00 AM with the DON and Administrator they both acknowledged that there was a communication breakdown that occurred with Resident #2 and stated that their expectations were that tests were followed up in a timely manner.