STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL036031	A. BUILDING: _____ B. WING _____	11/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON HOUSE	850 MAJESTIC COURT GASTONIA, NC 28054

(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 survey on November 23 & 24, 2015.	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 have furniture clean and in good repair in both activity/living areas. The findings are: Observations of the activity room in the center of the hallway on 11/23/15 at 11:00am revealed: -Both sides of the cushions on two cloth couches were heavily stained/soiled with dried rings/stains/splotches. -The seat frame underneath the cushions were heavily stained/soiled with dried rings/stains/splotches. -Two cloth chairs seats were heavily stained/soiled with dried rings/stains/splotches. Observations in the activity room in the end of the hallway on 11/23/15 at 11:15am revealed: -A heavy accumulation of dirt, grime, grit and debris on the piano keys. -Four cloth chair seats were heavily stained/soiled with dried rings/stains/splotches. -Both sides of the cushions on one cloth couch were heavily stained/soiled with dried	D 076		

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D 076	Continued From page 1 rings/stains/splotches. -The seat frame underneath the cushions were heavily stained/soiled with dried rings/stains/splotches. Interview with the former housekeeping manager on 11/23/15 at 2:40pm revealed: -The furniture had not been cleaned "in a while". -There was no specific cleaning schedule for the furniture. Interview with the Administrator on 11/23/15 at 4:15pm revealed: -She did not know if the furniture had ever been steam cleaned. -She did not know of a specific cleaning schedule for the chairs and couches but Housekeeping should clean the furniture as needed.	D 076		
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 of residents. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to assure follow-up for 2 of 2 residents with orders for laboratory (lab) work for a Basic Metabolic Profile (BMP) for Resident #3 and #5. The findings are: A. Review of Resident #3's current FL2 dated 05/01/15 revealed diagnoses that included: -Dementia.	D 273		

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D 273	Continued From page 2 -High blood pressure. -Hypothyroidism. -Mental Retardation. Review of Comprehensive Metabolic Panel (CMP) for Resident #3 dated 09/17/15 revealed a sodium level of [low] at 131 (normal ranges is 135-146). Review of a physician order dated 10/07/15 revealed: -Add salt to all meals for hyponatremia (low sodium content in blood). -Recheck BMP in 2 weeks for hyponatremia. Review of Resident #3's record on 11/24/15 revealed no further lab results since 09/17/15. Refer to interview with the Senior Executive Director on 11/24/15 at 11:15am. Refer to interview with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm. Refer to interview with the Administrator on 11/24/15 at 2:00pm. B. Review of Resident #5's current FL2 dated 05/01/15 revealed diagnoses that included: -Alzheimer's disease. -High blood pressure. -Chronic anemia. Review of Comprehensive Metabolic Panel (CMP) for Resident #5 dated 09/17/15 revealed a sodium level of [low] at 129 (normal range is 135-146). Review of a physician order dated 10/07/15 revealed:	D 273		

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D 273	Continued From page 3 -Add salt to meals daily for hyponatremia (low sodium content in blood). -Recheck BMP in 2 weeks for hyponatremia. Review of Resident #5's record on 11/24/15 revealed no further lab results since 09/17/15. Refer to interview with the Senior Executive Director on 11/24/15 at 11:15am. Refer to interveiw with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm. Refer to interview with the Administrator on 11/24/15 at 2:00pm. _____ Interview with the Senior Executive Director on 11/24/15 at 11:15am revealed: -No further labs had been done for either resident since 09/17/15. -All new orders should go to the Memory Care coordinator (MCC) for review and clarification if needed. -She was unsure if the lab orders had ever been processed. -The former MCC no longer worked at the facility. Telephone interview with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm revealed: -She had reviewed both resident's lab work dated 09/17/15 on 10/07/15 and both had low sodium levels. -She had ordered the additional salt to their diets and follow-up labs as a preventative measure and as a "conservative route". -Neither resident had been symptomatic and she had not been "overly concerned" regarding the hyponatremia.	D 273		

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D 273	Continued From page 4 -She believed if either of the residents had any symptoms or a change in behavior, the facility would have made her aware. -She felt it would be "OK" to wait until "next week's" lab day to check BMP for both residents. Interview with the Administrator on 11/24/15 at 2:00pm revealed: -The facility's Business Office Manager had recently transitioned to the Memory Care Coordinator (MCC). -The former MCC had missed the lab orders in October. -The current MCC had started the end of October and charts had been "went through" but unsure if these two records had been monitored.	D 273		
D 319	10A NCAC 13F .0905 (f) Activities Program 10A NCAC 13F .0905 Activities Program (f) Each resident shall have the opportunity to participate in at least one outing every other month. Residents interested in being involved in the community more frequently shall be encouraged to do so. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide an opportunity for each resident to participate in at least one outing every other month. The findings are: Review of the facility's activity calendars for	D 319		

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D 319	Continued From page 5	D 319		

August through November 2015 revealed:
-More than 14 hours of activities were scheduled each week.
-Only 1 outing was scheduled for the 4 months of activity calendars reviewed.
-The outing was scheduled for August 28, 2015 to a local clothing and variety store.

Confidential interviews with residents revealed:
-"We are supposed to go shopping, but never do."
-"We used to go out more often, but now the only time we go out (of the facility) is to the doctor and back."
-"We don't go out, my family takes me out sometimes, about once a month."
-"I would like to go out more often to pick up personal items. I had to tell staff and they pick them up for me."
-"We are supposed to go see the Christmas lights sometime next month."

Interview with the Activity Director (AD) on 11/24/15 at 1:40pm revealed:
-She was not aware of the requirement for an outing at least every other month for the residents.
-She was scheduled to take the activity director's training in January 2016 at a local community college.
-She had worked at the facility for "about a year" but had only been the AD since July 2015.
-The facility had a low activity budget.
-There were plans to go see the Christmas lights (in a nearby town.)
-The last outing was in July 2015.
-A hot dog sale was held in August 2015 to raise money for the activity department. Some of the residents helped with that fund raiser.
-The facility had a van that held 8 residents.

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D 319	Continued From page 6 Interview with the Administrator/Executive Director on 11/24/15 at 2:25pm revealed: -The residents had not been on any outings since she became the Administrator on 7/26/15. -"We've had other, bigger problems to fix, bigger issues." -"We had a small monthly budget for activities." -The policy on activities was to follow the state licensure rules.	D 319		
D 344	10A NCAC 13F .1002(a) Medication Orders 10A NCAC 13F .1002 Medication Orders (a) An adult care home shall ensure contact with the resident's physician or prescribing practitioner for verification or clarification of orders for medications and treatments: (1) if orders for admission or readmission of the resident are not dated and signed within 24 hours of admission or readmission to the facility; (2) if orders are not clear or complete; or (3) if multiple admission forms are received upon admission or readmission and orders on the forms are not the same. The facility shall ensure that this verification or clarification is documented in the resident's record. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to clarify incomplete orders for 2 of 2 residents with orders for additional sodium in their diets. The findings are: A. Review of Resident #3's current FL2 dated	D 344		

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D 344	Continued From page 7	D 344		

05/01/15 revealed diagnoses that included:
-Dementia.
-High blood pressure.
-Hypothyroidism.
-Mental Retardation.

Review of Comprehensive Metabolic Panel (CMP) for Resident #3 dated 09/17/15 revealed a sodium level of [low] at 131 (normal ranges is 135-146).

Review of a physician order dated 10/07/15 included:
-Add salt to all meals for hyponatremia (low sodium content in blood).
-No specifics on how much salt to add.

Review of Resident #3's record revealed a Diet Order dated 05/01/15 for a regular diet.

Review of the diets posted in the kitchen on 11/23/15 at 11:15am revealed a regular diet for Resident #3.

Refer to interview with the Senior Executive Director on 11/24/15 at 11:15am.

Refer to interveiw with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm.

Refer to interview with the Administrator on 11/24/15 at 2:00pm.

Refer to interview with the Dietary Manager on 11/24/15 at 2:15pm.

B. Review of Resident #5's current FL2 dated 05/01/15 revealed diagnoses that included:
-Alzheimer's disease.
-High blood pressure.

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D 344	Continued From page 8 -Chronic anemia. Review of Comprehensive Metabolic Panel (CMP) for Resident #5 dated 09/17/15 revealed a sodium level of [low] at 129 (normal range is 135-146). Review of a physician order dated 10/07/15 revealed: -Add salt to meals daily for hyponatremia (low sodium content in blood). -No specifics regarding how much salt to add. Review of Resident #5's record revealed a Diet Order dated 05/01/15 for no added table salt diet. Review of the diets posted in the kitchen on 11/23/15 at 11:15am revealed a no added table salt diet for Resident #5. Refer to interview with the Senior Executive Director on 11/24/15 at 11:15am. Refer to interveiw with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm. Refer to interview with the Administrator on 11/24/15 at 2:00pm. Refer to interview with the Dietary Manager on 11/24/15 at 2:15pm. _____ Interview with the Senior Executive Director on 11/24/15 at 11:15am revealed: -The diet orders for added salt had not been clarified. -All new orders should go to the Memory Care Coordinator (MCC) for review and clarification if needed.	D 344		

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D 344	Continued From page 9 -The former MCM no longer worked at the facility. Telephone interview with the Primary Care Provider (PCP) on 11/24/15 at 12:00pm revealed: -She had reviewed both resident's lab work dated 09/17/15 on 10/07/15 and saw both had low sodium levels. -She had ordered the additional salt to their diets and follow-up labs as a preventative measure and as a "conservative route". -Neither resident had been symptomatic and she had not been "overly concerned" regarding the hyponatremia. -She believed if either of the residents had any symptoms or a change in behavior, the facility would have made her aware. -She would write orders to add one packet of salt to meals for clarification. Interview with the Administrator on 11/24/15 at 2:00pm revealed: -The facility's Business Office Manager had recently transitioned to the MCC. -The former MCC had not clarified the orders for additional salt in the diets. -The current MCC had started the end of October and charts had been "went through" but unsure if these two records had been monitored. Interview with the Dietary Manager on 11/24/15 at 2:15pm revealed: -She had a notebook that contained a copy of each resident's current diet order. -She followed the diet orders in the notebook. -She had not been made aware of the need to add salt to either of the resident's diets.	D 344		