| 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 _____ | C 02/04/2022 |

| 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<br><br>The Adult Care Licensure Section and the Gaston County Department of Social Services conducted a complaint investigation on 02/03/22 to 02/04/22. The complaint investigations were initiated by the Gaston County Department of Social Services on 01/20/22 and 01/28/22. | D 000 | | |
| D 338 | 10A NCAC 13F .0909 Resident Rights<br><br>10A NCAC 13F .0909 Resident Rights<br>An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Residents' Rights, are maintained and may be exercised without hindrance.<br><br>This Rule is not met as evidenced by:<br>Based on observations, interviews and record reviews, the facility failed to ensure all residents residing in a Special Care Unit (SCU) were treated with dignity and respect for 5 of 9 sampled residents (#5, 6, 7, 8, and 9) due to not being dressed in a timely manner.<br><br>The findings are:<br><br>Observation of Resident #5 on 01/20/22 at 10:55am revealed:<br>-The resident was sitting on the bed.<br>-The resident was dressed in a shirt and brief.<br><br>Review of Resident #5's care plan dated 08/23/21 revealed total dependency for bathing and dressing.<br><br>Observation of Resident #6 on 01/20/22 at 10:40am revealed:<br>-The resident was sitting on the bed.<br>-The resident was dressed in a shirt and a brief and wore socks on both feet | D 338 | | |

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| D 338 | Continued From page 1<br><br>Review of Resident #6's care plan dated 11/23/21 revealed total dependency for bathing and dressing.<br><br>Observation of Resident #7 on 01/20/22 at 10:45am revealed:<br>-The resident was sitting on the bed.<br>-The resident was dressed in a shirt and brief.<br><br>Review of Resident #7's care plan dated 01/27/21 revealed total dependency for bathing and dressing.<br><br>Observation of Resident #8 on 01/20/22 at 10:50am revealed:<br>-The resident was sitting on the bed.<br>-The resident was dressed in a shirt and brief<br>.<br>Review of Resident #8's care plan dated 06/29/21 revealed total dependency for bathing and dressing.<br><br>Observation of Resident #9 on 01/20/22 at 11:00am revealed:<br>-The resident was lying in bed.<br>-The resident was dressed in a shirt and brief<br><br>Review of Resident #9's care plan dated 09/16/21 revealed total dependency for bathing and dressing.<br><br>Interview with the Special Care Coordinator (SCC) on 01/20/22 at 10:45am revealed:<br>-The residents were not dressed due to positive resident Covid cases in the facility.<br>-The residents were to stay in their rooms.<br>-Therefore residents were not dressed by staff members. | D 338 | | |

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|---|---|---|---|---|
| D 338 | Continued From page 2<br>Interview with Business Office Manager (BOM) on 01/20/22 at 11:10am revealed the BOM had not noticed residents were not dressed. | D 338 | | |