

Received via email 2/21/22

PRINTED: 02/09/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL036031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/04/2022
NAME OF PROVIDER OR SUPPLIER WELLINGTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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	Responses to the cited deficiencies do not constitute an admission by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies or corrective action report. The Plan of Correction is prepared solely as a matter of compliance with the state laws.	
D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights 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. This Rule is not met as evidenced by: 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. The findings are: Observation of Resident #5 on 01/20/22 at 10:55am revealed: -The resident was sitting on the bed. -The resident was dressed in a shirt and brief. Review of Resident #5's care plan dated 08/23/21 revealed total dependency for bathing and dressing. Observation of Resident #6 on 01/20/22 at 10:40am revealed: -The resident was sitting on the bed. -The resident was dressed in a shirt and a brief and wore socks on both feet	D 338	10A NCAC 13F .0909 Resident Rights 10A NCAC 13F .0909 Resident Rights--An adult care home shall assure that the rights of all residents guaranteed under G.S. 131D-21, Declaration of Resident Rights, are maintained and may be exercised without hindrance. The facility will ensure that Residents are always treated with dignity and respect by being dressed in appropriate and a timely manner. Facility will ensure that rounds are done daily on each shift by the Special Care Coordinator and or Designee to ensure that each resident is dressed in the appropriate clothing. Any resident that does not want to dress for the day after several attempts will be documented in the chart. ED will also do rounds on a regular routine throughout facility to ensure that residents are always dressed appropriately and that proper documentation is in the residents records for any resident that may not want to dress for that day. ED will also have a Resident Rights training with all staff. Residents Rights will be a topic of discussion at staff meeting for the next 3 months this will be documented by a staff sign in sheet. Facility is in compliance with rule area as of the date 2/18/22	

Division of Health Service Regulation

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

Jeffery C. Murphy Executive Director

(X6) DATE

2/21/22

STATE FORM

8589

UWFH11

If continuation sheet 1 of 3

Reviewed & acknowledged
2/21/22 RP

Division of Health Service Regulation

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

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NAME OF PROVIDER OR SUPPLIER WELLINGTON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 850 MAJESTIC COURT GASTONIA, NC 28064			
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D 338	Continued From page 2 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			