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	HAL031023	A. BUILDING: _____ B. WING _____	R 01/07/2026

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

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{D 000}	Initial Comments The Adult Care Licensure Section and the Duplin County Department of Social Service conducted a follow-up survey from 01/06/26 to 01/07/26.	{D 000}		
{D 280}	10A NCAC 13F .0903(c) Licensed Health Professional Support 10A NCAC 13F .0903 Licensed Health Professional Support (c) The facility shall assure that participation by a registered nurse, occupational therapist or physical therapist in the on-site review and evaluation of the residents' health status, care plan and care provided, as required in Paragraph (a) of this Rule, is completed within the first 30 days of admission or within 30 days from the date a resident develops the need for the task and at least quarterly thereafter, and includes the following: (1) performing a physical assessment of the resident as related to the resident's diagnosis or current condition requiring one or more of the tasks specified in Paragraph (a) of this Rule; (2) evaluating the resident's progress to care being provided; (3) recommending changes in the care of the resident as needed based on the physical assessment and evaluation of the progress of the resident; and (4) documenting the activities in Subparagraphs (1) through (3) of this Paragraph. This Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure the quarterly licensed health professional support (LHPS) reviews and evaluations for 3 of 3 sampled residents (#1, #2, #3) with LHPS tasks were	{D 280}	D280 The facility has contracted with a private Registered Nurse who has seven years of experience completing Licensed Health Professional Support (LHPS) reviews for Adult Care Homes in North Carolina. The Registered Nurse has completed the required assessment(s) to ensure they are accurate, thorough, and fully compliant with NCAC 13F .0903(c). All documentation has been corrected and updated as needed. The contracted Registered Nurse will complete all future LHPS assessments to ensure they are performed accurately, thoroughly, and documented according to regulatory requirements. This contract will remain in place until the facility's pharmacy transition is fully completed.	2/6/26

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Holly Toney TITLE: Executive Director (X6) DATE: 2-12-26

Reviewed and Acknowledged 02/18/26
Teresa A Hagl

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{D 280}	Continued From page 1 completed and included a physical assessment, evaluation of care provided, and recommendations based on the physical assessment and evaluation of the resident including tasks for care for a urinary catheter (#2), assistance with ambulation and transferring (#1, #2), medication administration through injections, collecting and testing of fingerstick blood sugars, oxygen administration and monitoring and inhalation medication by machine (#3), and feeding assistance (#1). The findings are: 1. Review of Resident #2's current FL-2 dated 12/31/25 revealed: -Diagnoses included urinary retention and chronic urinary tract infection. -Resident #2 was non-ambulatory and no assistive device was documented. -There was no information regarding orientation status. Review of Resident #2's Resident Register revealed he was admitted to the facility on 03/06/25. Review of Resident #2's current care plan dated 12/31/25 revealed: -Resident #2 was diagnosed with stage 4 kidney disease and had an indwelling catheter. -He was ambulatory with the aide of a wheelchair. -He was totally dependent on staff for ambulation/locomotion and required extensive assistance from staff for transferring. Review of Resident #2's Licensed Health Professional Support (LHPS) evaluation and quarterly review dated 11/18/25 revealed: -Review of health status and care provided and	{D 280}	The Facility Director and Resident Care Coordinator will review all LHPS forms upon completion to verify that: All required tasks are documented, the assessment is complete and compliant, the RN has provided a thorough and accurate evaluation and any concerns identified during review will be addressed immediately with the RN. To ensure sustained compliance with NCAC 13F .0903(c), the Facility Director will conduct quarterly audits of a minimum of 10% of all LHPS assessments completed during the quarter. The audit will verify the completeness of documentation, accuracy of assessment findings, compliance with all required elements of the rule and evidence of RN signature and date.	HT

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{D 280}	Continued From page 2 physical assessment included to continue plan of care and hospice. -There was no physical assessment documented. -There were no recommendations documented. -LHPS personal care tasks provided included catheter. -Ambulation and assistance with transfers were not addressed. -There was staff competency validation documented on the form for catheter care. Review of Resident #2's LHPS evaluation and quarterly review dated 01/04/26 revealed: -Review of health status and care provided and physical assessment included presence of a foley catheter draining clear yellow urine, positioning and emptying of urinary bag and hospice. -There was no physical assessment documented. -Recommendations included ensuring urine bag was below the waist, emptying the bag as needed as well as each shift if the bag was 3/4 full. -LHPS personal care tasks provided included positioning/emptying of urinary bag, transfer and ambulation with assistive device. -There was staff competency validation documented on the form for transferring, ambulation with assistive device and positioning and emptying of urinary catheter bag. Observation of Resident #2 on 01/07/26 at 9:37am revealed: -Resident #2 was observed sitting in his wheelchair in his bedroom. -His urinary catheter bag was hanging from the left side of his wheelchair with approximately 1/3 full of pink tinged urine. -He was pulling at the catheter tubing. Telephone interview with Resident #2's family member on 01/07/26 at 9:43am revealed:	{D 280}		

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{D 280}	Continued From page 3 -Resident #2 had a catheter for quite some time due to urinary retention and renal mass. -He pulled on the tubing a lot and it would sometimes become loose and leak. -He moved the bag around and had run over the tubing and bag with his wheelchair. -He was not always oriented. Telephone interview with Resident #2's hospice nurse on 01/07/26 at 10:17am revealed: -Resident #2 had become fixated on his catheter, he pulled on and dislodged the catheter and had caused trauma to his penis. -She was seeing Resident #2 once a week but has increased the plan to twice a week due to frequent UTIs and dislodging the catheter from frequent tugging. -The facility is responsible for routine catheter care and can change the tubing or bag if it bursts. Interview with a medication aide (MA) on 01/07/26 at 9:57am revealed: -Facility staff were responsible for emptying his catheter bag. -She had changed the tubing for the catheter bag, but hospice was responsible for the catheter if it became dislodged. -Resident #2 always used a wheelchair and would sometimes go from bed to wheelchair by himself. Attempted telephone interview with the facility's previously contracted LHPS nurse on 01/07/26 at 11:15am was unsuccessful. Attempted telephone interview with the facility's contracted LHPS nurse on 01/07/26 at 11:25am was unsuccessful. Refer to interview with the Director on 01/07/26 at	{D 280}		

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(D 280)	Continued From page 4 11:00am. 2. Review of Resident #1's current FL2 dated 02/14/25 revealed: -Diagnosis included forehead laceration. -Resident #1's recommended level of care was assisted living facility. -Resident #1 was non-ambulatory and constantly disoriented. Review of Resident #1's Resident Register revealed an admission date of 10/14/24. Review of Resident #1's current care plan dated 11/11/25 revealed: -Resident #2 was diagnosed with Parkinson's disease and received hospice care. -She was totally dependent on staff for ambulation/locomotion, transferring, feeding, toileting, bathing, dressing, and grooming. Review of Resident #1's current Licensed Health Professional Support (LHPS) and quarterly review dated 01/04/26 revealed: -The boxes were checked for transferring semi-ambulatory or non-ambulatory residents, ambulation using assistive devices that require physical assistance and feeding assistance as personal care tasks currently present. -There was no physical assessment documentation related to the LHPS tasks. -The review of health status and care provided, physical assessment as related to diagnoses/current condition progress to care provided and recommended changes in care was documented as patient with decreased mobility, decreased PO (by mouth) intake, decreased perfusion great risk for skin breakdown. -There was no physical assessment documentation related to the LHPS tasks, no	(D 280)		

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{D 280}	Continued From page 5 reviews of her health status, no progress to care provided, or any recommended changes in care. -There was no staff competency validation documented on the form for transferring, ambulation with device and feeding. Review of Resident #1's previous LHPS and quarterly review dated 11/18/25 revealed: -The boxes were checked for transferring semi-ambulatory or non-ambulatory residents, ambulation using assistive devices that require physical assistance and feeding assistance as personal care tasks currently present. -There was no physical assessment documentation related to the LHPS tasks. -The review of health status and care provided, physical assessment as related to diagnoses/current condition progress to care provided and recommended changes in care was documented as continue current plan of care with hospice. -There was no physical assessment documentation related to the LHPS tasks, no reviews of her health status, no progress to care provided, or any recommended changes in care. -The recommendations for changes or follow-up to meet the resident's needs were documented as N/A (not applicable). -There was staff competency validation documented on the form for transferring, ambulation with device and feeding. Attempted telephone interview with the facility's previously contracted LHPS nurse on 01/07/26 at 11:15am was unsuccessful. Attempted telephone interview with the facility's contracted LHPS nurse on 01/07/26 at 11:25am was unsuccessful.	{D 280}		

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{D 280}	Continued From page 6 Refer to interview with the Director on 01/07/26 at 11:00am. 3. Review of Resident #3's most recent FL-2 dated 12/31/25 revealed: -Diagnoses included edema, hypertension, diabetes mellitus type 2, hyponatremia, hypokalemia, chronic obesity, gout, and chronic obstructive pulmonary disease. -The resident was ambulatory and no assistive device was listed. -There was an order for oxygen 2 Liters per minute via nasal cannula as needed for shortness of breath, to check oxygen saturations every shift and to notify the primary care provider if oxygen saturations were less than 92%. -There was an order for Insulin Novolog 25 units subcutaneous to be given three times a day 15 minutes prior to meals (insulin NovoLog is injectable short-acting medication used to treat high blood sugar). -There was an order for Ozempic 0.5mg subcutaneous to be administered every week (Ozempic is an injectable medication used to manage blood sugar levels and reduces the risk of major cardiovascular events and lowers the risk of kidney disease). -There was an order for insulin Lantus 35 units subcutaneous to be given at bedtime (insulin Lantus is injectable long-acting medication used to treat high blood sugar). -There was an order for as needed (PRN) ipratropium-albuterol to inhale 1 vial via nebulizer every 6 hours as needed for wheezing or shortness of breath (ipratropium-albuterol is an inhaled medication that can be used to treat COPD, chronic obstructive pulmonary disease by relaxing the airway muscles and increasing the airflow to the lungs).	{D 280}		

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(D 280)	Continued From page 7 Review of the Resident Register for Resident #3 completed 01/16/25 revealed he was admitted on 01/16/25 and was his own responsible party. Observation of Resident #3's room on 01/06/26 at 9:15am revealed there was an oxygen (O2) concentrator which required wall plug in with tubing, nasal cannula, and a mask attached to the concentrator. Review of Resident #3's most recent Licensed Health Professional Support (LHPS) evaluation dated and signed 01/04/26 revealed: -Personal care tasks included inhalation medication by machine as needed (prn), medication administration through injection, collecting and testing of fingerstick blood samples, and oxygen administration and monitoring. -There was no review of health status and care provided only listed the treatments being provided. -There was no physical assessment as related to diagnoses/current condition. -There was no progress to care provided or recommended changes in care. -The recommendations for changes or follow-up to meet the resident's needs were documented to continue current POC (plan of care). -There was staff competency validation documented on the form for finger stick blood sugars, inhalation by machine, medications through injection and oxygen. Review of Resident #3's previous LHPS evaluation dated and signed 11/18/25 revealed: -Personal care tasks included collecting and testing of fingerstick blood samples and oxygen administration and monitoring and medication administration through injection.	(D 280)		

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(D 280)	Continued From page 8 -There was no documentation for inhalation medication by machine as needed (prn) or medication administration through injection. -There was no review of health status and care provided only listed the treatments being provided. -There was no physical assessment as related to diagnoses/current condition. -There was no progress to care provided or recommended changes in care. -The recommendations for changes or follow-up to meet the residents' needs were documented as N/A (not applicable). -There was staff competency validation documented on the form for finger stick blood sugars and oxygen only. Review of Resident #3's electronic medication administration record (eMAR) for the months of November and December 2025 revealed: -There was documentation that the resident received medication by inhalation. -There was documentation that the resident received medication by injection. -There was documentation that the resident's blood glucose was monitored four times a day. -There was documentation that the resident's O2 saturations were monitored each shift but there was no documentation that O2 was administered. -There was documentation that the resident had a Dexcom blood glucose monitor but there were no readings documented on the eMAR. Review of Resident #3's eMAR for January 2026 revealed: -There was documentation that the resident received medications by inhalation. -There was documentation that the resident received medications by injections. -There was documentation that the resident's	(D 280)		

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(D 280)	Continued From page 9 blood glucose was being monitored. -There was documentation that the resident had a Dexcom blood glucose monitor. Interview with Resident #3 on 01/06/26 at 9:15am revealed: -He received assistance with medications and meals. -He received medications through injections. -He used an oxygen (O2) concentrator when he needed it for shortness of breath or if his O2 saturations were low, portable O2 tanks, used an inhaler daily, and used a nebulizer as needed. -Staff checked his oxygen saturation with a finger probe and did his finger stick blood sugar checks before meals and at bedtime. Attempted telephone interview with the facility's previously contracted LHPS nurse on 01/07/26 at 11:15am was unsuccessful. Attempted telephone interview with the facility's contracted LHPS nurse on 01/07/26 at 11:25am was unsuccessful. Refer to interview with the Director on 01/07/26 at 11:00am. _____ Interview with the Director on 01/07/26 at 11:00am revealed: -The previous Director was responsible for making sure the Licensed Health Professional Support (LHPS) evaluations were complete and included a physical assessment for each resident's LHPS tasks prior to her being hired in November 2025. -The previous LHPS nurse who completed the forms on 11/18/25 was hired by the previous Director.	(D 280)		

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(D 280)	Continued From page 10 -She and the Resident Care Coordinator (RCC) were responsible for ensuring the LHPS reviews were completed. -The facility hired a new LHPS nurse who completed the LHPS forms on the residents on 01/04/26. -She was aware the LHPS reviews for November 2025 were not completed correctly and that was the reason for hiring the new LHPS nurse. -She was new to the area and not familiar with the available nurses who could complete the LHPS forms and do the assessments needed. -She understood the need for the LHPS nurse who completed the form to assess the resident and their needs in order for the form to be accurate. -The facility would be contracting with the pharmacy to complete these in the future to ensure they were completed correctly.	(D 280)		
D 296	10A NCAC 13F .0904(c)(7) Nutrition And Food Service 10A NCAC 13F .0904 Nutrition And Food Service (c) Menus in Adult Care Homes: (7) The facility shall have a matching therapeutic diet menu for any resident's physician-ordered therapeutic diet for guidance of food service staff. This Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to have matching	D 296	D296 The facility immediately updated, posted and implemented the correct therapeutic menus. The facility now provides and maintains current menus and diet orders for the following diet types: Regular Diet, Mechanical Soft Diet and Puree Diet. All staff have been informed of the updated menu availability.	1/12/26

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D 296	Continued From page 11 therapeutic menus for the guidance of food service staff for 3 of 3 sampled residents with physician orders for No Concentrated Sweets (NCS) (#3 and #4) and No Added Salt (NAS), low potassium (#5). The findings are: Review of the facility's menus on 01/06/26 revealed there were no menus for a No Concentrated Sweets (NCS) diet, No Added Salt diet, or Low potassium diet. Review of diet translations from the facility's contracted foodservice company on 01/06/26 at 9:11am revealed the foodservice company offered No Added Salt (NAS), Consistent Carb, and Potassium restricted menus. Observation of the kitchen on 01/06/26 between 9:05am and 9:15am revealed: -There were cards with residents' names and diet orders on them. -The kitchen staff were following regular menus from 08/09/24 as guidance. -There were no therapeutic menus from 2024 or 2025. 1. Review of Resident #3's current FL-2 dated 12/31/25 revealed diagnoses included type 2 diabetes, hypertension, edema, and hyponatremia. Review of Resident #3's signed physician's order dated 12/31/25 revealed a diet order for no concentrated sweets (NCS). Refer to interview with the Dietary Manager on 01/06/26 at 9:05am.	D 296	The Dietary Manager updated the facility's menu binder and posted the correct therapeutic menus in the kitchen and dining areas. All staff responsible for meal preparation and service were re educated on: locating the correct therapeutic menus, following the appropriate diet consistency for each resident and ensuring substitutions align with the therapeutic diet ordered. The Facility Director will ensure that any future menu updates or changes are communicated promptly to dietary staff and reflected in all posted and working menu copies. To ensure sustained compliance with 10A NCAC 13F .0904(c)(7), the Facility Director or designee will conduct quarterly audits of the facility's therapeutic menus. The audit will verify: Correct menus are present for all diet types offered, menus match the current approved dietary orders and staff are using the correct menu for each resident's current diet order.	

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D 296	Continued From page 12 Refer to interview with the Executive Director on 01/06/26 at 11:40am. 2. Review of Resident #4's current FL-2 dated 11/02/25 revealed diagnosis included diabetes, hypertension, hypercholesterolemia, arthritis, and sickle cell trait. Review of Resident #4's diet order dated 08/12/25 revealed a diet order for no concentrated sweets (NCS). Refer to interview with the Dietary Manager on 01/06/26 at 9:05am. Refer to interview with the Executive Director on 01/06/26 at 11:40am. 3. Review of Resident #5's current FL-2 dated 08/27/25 revealed diagnosis included acute kidney failure and hyperkalemia. Review of Resident #5's diet order dated 12/16/25 revealed a diet order for no added salt (NAS), low potassium. Refer to interview with the Dietary Manager on 01/06/26 at 9:05am. Refer to interview with the Executive Director on 01/06/26 at 11:40am. --- Interview with the Dietary Manager on 01/06/26 at 9:05am revealed: -He had cards with the resident's name and diet orders on them, and he used them to serve. -He knew the NCS diets were not supposed to receive sweet tea on certain days, and he had to give them orange juice on certain days.	D 296		

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WELLINGTON PARK	329 COOPER STREET KENANSVILLE, NC 28349

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D 296	Continued From page 13 -He learned the information he knew regarding the NCS diet from a friend who was diabetic. -He followed a paper that was printed from a website online that stated what to serve a resident with a potassium restricted renal liberal diet. -He did not have an NCS, NAS or low potassium menu in the kitchen. Interview with the Executive Director on 01/06/26 at 11:40am revealed: -She was not aware the kitchen staff did not have matching therapeutic menus. -She thought the kitchen staff had the therapeutic menus they needed.	D 296		