

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345436</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>05/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WELLINGTON REHABILITATION AND HEALTHCARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 TANDAL PLACE</b> <b>KNIGHTDALE, NC 27545</b>		
(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) COMPLETION DATE	
E 000	Initial Comments	E 000			
{F 000}	An unannounced onsite revisit survey was conducted on 5/9/22 through 5/10/22. The tag E- 0001 was corrected as of 4/25/22. INITIAL COMMENTS	{F 000}			
{F 680} SS=C	An onsite revisit was conducted on 5/9/22 through 5/10/22. Tag F680 was re-cited with a S/S of C (level A deficiency). The facility is back into substantial compliance effective 5/10/22. Qualifications of Activity Professional CFR(s): 483.24(c)(2)(i)(ii)(A)-(D)  §483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the State in which practicing; and (ii) Is: (A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or (B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or (C) Is a qualified occupational therapist or occupational therapy assistant; or (D) Has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure the activities program was directed by a qualified professional for 1 of 1 activities director.	{F 680}			

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

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 680}	Continued From page 1  Findings included:  Review of the resume submitted in 2022 for the Activity Director position revealed the Activities Director (AD) had a Bachelor of Arts in Sociology/Gerontology. The resume indicated the AD was a social day program manager from July 2016 to July 2017, a service coordinator from October 2017 to September 2018, and served as a care coordinator from October 2018 to present.  The job description for the Manager of Resident Activities showed the AD had a date of hire of 3/22/2022.  A class confirmation printout showed the AD was enrolled on 4/6/2022 for a hybrid class running from May 9 - July 14, 2022. The class was titled Activity Director Health Occupation Program.  An interview was conducted on 5/10/2022 at 3:35 P.M. with the AD. The AD stated she had not completed any training courses to become an AD. The AD revealed she was currently enrolled in a course that began May 9, 2022. The course will last 10 weeks with 60 hours of practicum and when completed she would have an activities director certificate. During the interview, the AD stated the course was not required by the state; however, it was recommended by the facility. The AD revealed she had worked in the role of a case manager for the last four years prior to being hired as the AD.  An interview conducted on 5/10/2022 at 4:05 P.M. with the Administrator and the Regional Director of Clinical Services revealed the AD was hired to work under the supervision of an AD at a sister	{F 680}			

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{F 680}	Continued From page 2 facility until she successfully completed an Activities Director Program which she began on May 9, 2022. During the interview the Regional Director of Clinical Services confirmed the newly hired AD had not worked in the role of a social or recreational program for two years within the previous five years.	{F 680}		