

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455637	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/27/2025
NAME OF PROVIDER OR SUPPLIER Wellington Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1802 S 31st Temple, TX 76504	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. (continued on next page)

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.

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

TITLE

(X6) DATE

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to incorporate the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care for 1 (Resident #1) of 3 residents reviewed for PASARR services. The facility failed to submit an NFSS request within 20 business days of Resident #1's IDT meeting held on 04/23/25. This failure could place residents at risk of not receiving the required care and services to attain and maintain their highest, practicable, physical, mental, and psychosocial well-being. Findings include: Review of Resident #1's admission Record, dated 08/27/25, reflected she was a [AGE] year old female who was initially admitted to the facility on [DATE] and readmitted on [DATE]. Resident #1 had medical diagnoses that included osteitis deformans of multiple sites (a chronic metabolic disorder where bone turnover is accelerated and disordered), epilepsy (a brain disorder causing recurring, unprovoked seizures), paraplegia (the inability to voluntarily move the lower body parts), vascular dementia (brain damage), cognitive communication deficit, and spina bifida (the spinal cord and backbones do not close completely). Review of Resident #1's Comprehensive MDS Assessment, dated 07/02/25, reflected she had no BIMS indicated and she was considered by PASARR level II to have a serious mental illness, intellectual disability, or a related condition. Review of Resident #1's Care Plan, revised on 08/05/25, reflected Resident #1 was PASARR positive. Nursing and Social Services were responsible for ordering specialized services for Resident #1 as determined by the IDT care plan review meeting. Nursing and Therapy were responsible for ordering therapy services for Resident #1. Review of Resident #1's IDT Care Plan Review, dated 04/23/25, reflected, Therapy Services Plan of Care: .Therapy services were recommended by DOR and specialized wheelchair. Review of Resident #1's PCSP, dated 04/23/25, reflected the IDT met on 04/23/25 and confirmed Resident #1's need for a CMWC. IDD also visited the facility, reviewed, confirmed and signed on 04/28/25 that Resident #1's need for specialized services were agreed by the IDT and reflected, Resident #1 will receive PASARR Services of CMWC . Review of Resident #1's Order Summary Report, dated 08/27/25, reflected no orders related to her CMWC. Review of Resident #1's Progress Notes, April-August 2025, reflected no notes related to her CMWC. Review of the facility's Email Thread, from 05/02/25 through 08/27/25, reflected the wheelchair vender notified the DOR on 05/02/25 that the facility had 28 days from Resident #1's IDT care plan review meeting to input Resident #1's PASARR into the SA's online portal and how to process Resident #1's PASARR. The DOR notified the wheelchair vender on 05/14/25 that he was working/waiting on processing Resident #1's PASARR due to Resident #1 needing a new IDT care plan review meeting. There were no email threads from 05/14/25 through 08/04/25. The ADM followed-up on Resident #1's CMWC status with the wheelchair vender on 08/05/25. The wheelchair vender notified the ADM and DOR on 08/05/25 to input Resident #1's PASARR into the SA's online portal and to send Resident #1's approval to them to have Resident #1's CMWC ordered. An observation of the facility's front entrance area on 08/27/25 at 11:10 a.m. reflected Resident #1 was sitting in a wheelchair. An attempt to interview Resident #1 was made on 08/27/25 at 11:10 a.m., but Resident #1 was unable to maintain focus during the interview. During an interview on 08/27/25 at 11:19 a.m., the SW stated she was unsure who was responsible for identifying PASARR positive residents prior to and after admission to the facility, who was responsible for making the referral to the appropriate state-designated authority when a PASARR positive resident was identified, what the facility's process was for referring PASARR positive residents to the appropriate state-designated authority, and why a referral to the appropriate state-designated authority would not be made for a PASARR positive resident. The SW stated the MDS Coordinator oversaw the PASARR process. The SW stated facility had a resource who was responsible for the PASARR process because the former MDS Coordinator left the facility on [DATE]. The SW stated she knew the importance of referring identified PASARR positive residents to the appropriate state-designated authority and said, Referrals should be made to the appropriate state-designated authority. Residents should be able to get specialized services in order to help their well-being. Residents would not get the services that they should have if they were not referred to the appropriate state-designated authority. During an interview on 08/27/25 at 11:30 a.m., LVN A stated nurses were responsible for identifying PASARR positive residents prior to and after admission to the facility. LVN A stated the SW was responsible for making the referral to the appropriate state-designated authority when a PASARR positive resident was identified. LVN A stated the nurses identified PASARR positive residents</p>		