

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675945	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2025
NAME OF PROVIDER OR SUPPLIER Wellington Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1506 Childress St Wellington, TX 79095	

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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure each resident had a right to personal privacy which and confidentiality of his or her personal and medical records, which included included accommodations, medical treatment, written and telephone communication, personal care, visits, meetings of family, resident groups, for 1 (Resident #1) of 2 residents reviewed for resident privacy.</p> <p>The facility failed to keep Resident #1's catheter bag covered in a privacy bag.</p> <p>This failure could place residents at risk of experiencing feelings of shame and/or embarrassment as well as having their right to privacy violated.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet dated 06/14/2025 revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included, but were not limited to, hypertensive heart disease without heart failure (hypertension, with or without enlargement of the heart (left ventricular hypertrophy) is usually symptomless), edema-unspecified (swelling), chronic kidney disease, state 4 (severe) (severe loss of kidney function), retention of urine (a condition in which you are unable to empty all the urine from your bladder), pain, other reduced mobility, cognitive communication deficit (trouble participating in conversations), localized swelling, mass and lump, lower limb, bilateral, essential (primary) hypertension (elevated blood pressure), peripheral vascular disease (the reduced circulation of blood to a body part other than the brain or heart), muscle weakness.</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE] revealed Resident #1 had a BIMS score of 10, which indicated Resident #1 had a moderate cognitive impairment. Functionality for Resident #1 revealed required moderate assistance with bathing/showering. Supervision was required with toileting, dressing lower half of body, taking off and putting on footwear, and personal hygiene. Resident #1 was able to perform eating and oral hygiene independently. Section H of MDS revealed no need for a foley catheter.</p> <p>Record review of Resident #1's significant change MDS, dated [DATE], revealed Resident #1 was on Hospice and required a foley catheter.</p> <p>Record review of Resident #1's care plan with a revision date of 06/10/2025, revealed the following:</p> <p>(continued on next page)</p>

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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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Focus</p> <p>The resident has an indwelling catheter as she has urinary retention and ordered by hospice</p> <p>Date Initiated: 06/10/2025</p> <p>Revision on: 06/10/2025</p> <p>Goal</p> <p>Resident will be free from catheter-related trauma through review date.</p> <p>Date Initiated: 06/10/2025</p> <p>Revision on: 06/10/2025</p> <p>Target Date: 07/15/2025</p> <p>o Resident will show no s/sx of Urinary infection by review date.</p> <p>Date Initiated: 06/10/2025</p> <p>Revision on: 06/10/2025</p> <p>Target Date: 07/15/2025</p> <p>Interventions/Tasks</p> <p>Change the catheter per orders.</p> <p>Date Initiated: 06/10/2025</p> <p>Revision on: 06/10/2025</p> <p>Check the tubing for kinks and maintain the drainage bag off the floor</p> <p>Date Initiated: 06/10/2025</p> <p>(continued on next page)</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Revision on: 06/10/2025</p> <ul style="list-style-type: none"> o Monitor and document intake and output as per facility policy. <p>Date Initiated: 06/10/2025</p> <ul style="list-style-type: none"> o Monitor for s/sx of discomfort on urination and frequency. <p>Date Initiated: 06/10/2025</p> <ul style="list-style-type: none"> o Monitor/document for pain/discomfort due to catheter. <p>Date Initiated: 06/10/2025</p> <ul style="list-style-type: none"> o Monitor/record/report to MD for s/sx UTI: pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, Urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns. <p>Date Initiated: 06/10/2025</p> <ul style="list-style-type: none"> o Position catheter bag and tubing below the level of the bladder and in a privacy bag <p>Date Initiated: 06/10/2025</p> <p>Revision on: 06/10/2025</p> <p>Record review of Resident #1's order summary dated 04/16/2025 revealed the following:</p> <p>Ensure foley bag is in privacy bag while in bed or w/c</p> <p>every shift</p> <p>Phone Active 06/10/2025 06/10/2025</p> <p>During an observation on 06/14/2025 at 9:55am revealed Resident #1 was lying in her bed, and her (Resident #1) foley catheter bag was hanging on the side of the bed with no privacy cover on it. The bottom of the foley catheter bag was touch the floor. Resident #1 was not interviewable.</p> <p>During an observation on 06/14/2025 at 10:04am revealed an unidentified Resident was walking by Resident #1's room and stopped in the doorway to look at Resident #1 lying in her bed. The unidentified resident did not enter into Resident 1's room.</p> <p>During an interview on 06/14/2025 at 3:09pm CNA A stated the negative outcome for not having a privacy bag on a foley catheter bag was it could embarrass them (Residents), ya know.</p> <p>(continued on next page)</p>

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 06/14/2025 at 3:27pm NA B stated the negative outcome for not covering a foley catheter bag was it could embarrass them (Residents), if it wasn't covered.</p> <p>During an interview on 06/14/2025 at 3:44pm DON stated the negative outcome for not having a privacy bag on a resident's foley catheter bag was it should be in a privacy bag and we know better.</p> <p>Record review of the facility's policy titled, Resident Rights, dated 11/28/2016, revealed in part:</p> <p>.Privacy and confidentiality-The resident has a right to personal privacy .</p> <p>.1. Personal privacy includes accommodations, medical treatment, .personal care, .</p> <p>Record review of the facility's undated policy titled, Catheter Care , revealed no information regarding the use of a privacy bag for foley catheters.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 2 of 2 (Resident #1 and Resident #2) residents reviewed for infection control.</p> <p>-Facility did not ensure that Resident #1's foley catheter bag remained off of the floor.</p> <p>-Facility did not ensure that Resident #2's foley catheter bag remained off of the floor.</p> <p>These deficient practices could place residents at risk of exposing them to care that could lead tot he spread of infections.</p> <p>Findings include:</p> <p>Resident #1</p> <p>Record review of Resident #1's face sheet dated 06/14/2025 revealed an [AGE] year-old female who was admitted to the facility on [DATE]. Resident #1 had diagnoses which included, but were not limited to, hypertensive heart disease without heart failure (hypertension, with or without enlargement of the heart (left ventricular hypertrophy) is usually symptomless), edema-unspecified (Accumulation of an excessive amount of watery fluid in cells or intercellular tissues), chronic kidney disease, state 4 (severe) (severe loss of kidney function), retention of urine (caused by a blockage that partially or fully prevents urine from leaving the bladder or urethra, or a failure of the bladder to squeeze hard enough to expel all of the urine), pain, other reduced mobility, cognitive communication deficit (trouble reasoning and making decisions while communicating), localized swelling, mass and lump, lower limb, bilateral, essential (primary) hypertension (high blood pressure that is not due to another medical condition), peripheral vascular disease (the reduced circulation of blood to a body part, other than the brain or heart, due to a narrowed or blocked blood vessel), and muscle weakness.</p> <p>Record review of Resident #1's quarterly MDS, dated [DATE] revealed Resident #1 had a BIMS score of 10, which indicated a moderate cognitive impairment. Functionality for Resident #1 revealed she required moderate assistance with bathing/showering. Supervision was required with toileting, dressing lower half of body, taking off and putting on footwear, and personal hygiene. Resident #1 was able to perform eating and oral hygiene independently. Section H of MDS revealed no need for a foley catheter.</p> <p>Record review of Resident #1's significant change MDS, dated [DATE], revealed Resident #1 was on Hospice and required a foley catheter.</p> <p>Record review of Resident #1's care plan with a revision date of 06/10/2025, revealed the following:</p> <p>Focus</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #2</p> <p>Record review of Resident #2's face sheet dated 06/14/2025 revealed a [AGE] year-old male who was admitted to the facility on [DATE]. Resident #2 had diagnoses which included, but were not limited to, other injury of urethra, subsequent encounter, hematuria (blood in your urine, unspecified, benign prostatic hyperplasia with lower urinary tract symptoms (a condition that occurs when the prostate gland enlarges, potentially slowing or blocking the urine stream), urinary tract infection, site not specified, flaccid neuropathic bladder, not elsewhere classified (bladder dysfunction (flaccid or spastic) caused by neurologic damage), cognitive communication deficit (trouble reasoning and making decisions while communicating), essential (primary) hypertension (high blood pressure that is not due to another medical condition), chronic kidney disease, stage 3 (severe loss of kidney function), chronic prostatitis (inflammation or swelling of the prostate gland).</p> <p>Record review of Resident #2's quarterly MDS, dated [DATE] revealed Resident #2 had a BIMS score of 09, which indicated a moderate cognitive impairment. Functionality of maximal assistance was required for toileting. Resident #2 required moderate assistance for lower body dressing, taking off and putting on footwear, and bathing/showering, supervision assistance was required for dressing his upper body. Resident #2 required set-up assistance for oral hygiene, and personal hygiene, and was independent with eating.</p> <p>Record review of Resident #2's care plan with a revision date of 05/22/2025, revealed the following:</p> <p>Focus</p> <p>The resident has an Indwelling Catheter</p> <p>with orders to not remove/change without</p> <p>notifying MD due to dx of flaccid</p> <p>neuropathic bladder</p> <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/10/2024</p> <p>Goal</p> <p>The resident will show no s/sx</p> <p>of Urinary tract infection through</p> <p>review date.</p> <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/20/2024</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Target Date: 06/13/2025</p> <ul style="list-style-type: none"> o The resident will remain free from catheter-related trauma through review date. <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/20/2024</p> <p>Target Date: 06/13/2025</p> <p>Interventions/Tasks</p> <p>CATHETER: The resident has an indwelling Foley catheter. Position catheter bag and tubing below the level of the bladder and in a privacy bag</p> <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/10/2024</p> <ul style="list-style-type: none"> o Check tubing for kinks and maintain the drainage bag off of the floor <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/10/2024</p> <p>CNA</p> <ul style="list-style-type: none"> o Empty drainage bag per orders <p>Date Initiated: 12/06/2024</p> <p>Ensure tubing is anchored to the linens so that tubing is not pulling on the urethra</p> <p>Date Initiated: 12/06/2024</p> <p>Revision on: 12/10/2024</p> <p>CNA</p> <ul style="list-style-type: none"> o Monitor and document intake and output as per facility policy. <p>Date Initiated: 12/06/2024</p> <p>(continued on next page)</p>

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