STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175357	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON HEALTH AND REHAB	**1600 W 8TH STREET , WELLINGTON, Kansas, 67152**

(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
F0000	INITIAL COMMENTS The Risk-Based Survey Process was used to conduct a federal recertification survey. The following citations represent the findings of a Health Recertification Survey. The census was 39. The sample included 6 residents.	F0000		
F0689 SS = D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to ensure an environment free from accident hazards when staff failed to utilize foot pedals when propelling Resident (R) 8 in her wheelchair. Findings included: - R8's electronic medical record (EMR) documented a diagnosis of arthritis (inflammation of a joint characterized by pain, swelling, redness, and limitation of movement). R8's "Significant Change Minimum Data Set" (MDS), dated 10/01/2025, documented that she had a Brief Interview for Mental Status (BIMS) score of 13, which indicated intact cognition. She required substantial to maximum staff assistance with mobilization in her wheelchair. R8's "Activity of Daily Living (ADL)/Rehabilitation Potential Care Area Assessment" (CAA), dated	F0689		

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 reverse for further 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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F0689 SS = D	Continued from page 1 10/01/2025, documented that she required assistance with activities of daily living (ADLs). R8's "Quarterly MDS," dated 08/31/2026, documented a BIMS score of 12, which indicated moderately impaired cognition. She required partial to moderate staff assistance with mobilization in her wheelchair. R8's "Care Plan", revised 08/22/2026, instructed staff that she was able to self-propel her wheelchair for short distances but required staff assistance at times. R8's EMR from 08/30/2026 through 09/29/2026 (30 days) documented that she utilized a wheelchair for locomotion daily. On 09/20/2026 at 10:00 AM, Certified Medication Aide (CMA) R propelled R8 in her wheelchair out of the dining room. R8's feet skimmed the floor, and her wheelchair lacked foot pedals. On 09/29/2026 at 02:04 PM, CMA R stated that staff were not to propel residents in their wheelchairs without foot pedals. On 09/29/2026 at 02:21 PM, Licensed Nurse (LN) G stated that staff were to use foot pedals when propelling residents in their wheelchairs, for safety. On 09/29/2026 at 03:07 PM, Administrative Nurse D stated that it was the expectation for staff to utilize foot pedals while propelling residents in their wheelchairs. The facility policy for “Reasonable Accommodation of Needs”, revised 06/2023, included: Wheelchairs shall be maintained by the facility and used safely by staff.	F0689		
F0757 SS = D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or	F0757		

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F0757 SS = D	Continued from page 2 §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to obtain blood pressure (BP) and pulse (P) before administering hypertensive medications (medications used to lower a person's BP) as instructed in the physician's order for one Resident (R) 5. Findings included: - R5's electronic medical record (EMR) documented a diagnosis of hypertension (HTN-elevated blood pressure). R5's "Quarterly Minimum Data Set" (MDS), dated 12/20/2025, documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R5's "Care Plan," revised 07/06/2026, instructed staff that she had a diagnosis of HTN and to administer her medications, as ordered. Review of R5's EMR revealed the following physician's orders: Clonidine (a hypertensive medication), 0.1 milligram (mg), by mouth (PO), twice daily (BID), for a diagnosis of HTN, ordered 08/19/2025. Staff were to hold the medication and notify the physician if her systolic blood pressure (SBP-the top number) was greater than 180 millimeters (mm)/mercury (Hg) or less than 100 mm/Hg, or if her diastolic blood pressure (DBP-the bottom number) was greater than 90 mm/Hg or less than 60 mm/Hg. Propranolol (a hypertensive medication), 40 mg, PO,	F0757		

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F0757 SS = D	Continued from page 3 three times per day (TID), for a diagnosis of HTN, ordered 08/10/2025. Staff were to hold the medication and notify the physician if her SBP was greater than 180 mm/Hg or less than 100 mm/Hg, or if her DBP was greater than 90 mm/Hg or less than 60 mm/Hg, or if her pulse (P) was less than 60 beats per minute (BPM). Review of the "Medication Administration Record" (MAR) for August and September 2026 revealed the staff had not obtained R5's BP or P before administering either of the medications. On 09/29/2026 at 02:17 PM, Certified Medication Aide (CMA) R stated that the staff did not obtain a BP or P from the resident before administering either of the HTN medications. On 09/29/2026 at 02:21 PM, Licensed Nurse (LN) G stated that the staff did not obtain a BP or P from the resident before administering either of the HTN medications. On 09/29/2026 at 03:05 PM, Administrative Nurse D stated that it was the expectation for staff to obtain a BP and P before administering the HTN medications, as ordered. The facility policy for "Guidelines for Notifying Physicians of Clinical Problems", revised 04/2007, included: The staff shall notify the physician when a resident's vital signs "VS" are outside of the ordered parameters.	F0757		