

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/15/2018
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NAME OF PROVIDER OR SUPPLIER WELLMAN CENTER 3	STREET ADDRESS, CITY, STATE, ZIP CODE 408 W GARNER STREET WILSON, NC 27893
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(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) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on May 15, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/15/18 of a facility staff list completed by the Qualified Professional (QP)/Director revealed:</p> <ul style="list-style-type: none"> - The facility has two 12 hour shifts. - 7am to 7pm. - 7pm to 7am. 	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>Review on 05/15/18 of facility records from 04/2017 thru 04/2018 revealed the following documented disaster drills:</p> <ul style="list-style-type: none"> - 02/01/18 at 7:15p - 05/05/18 at 8:20a - 07/19/18 at 1:15p -09/29/17 at 10:45a -11/09/17 at 2:15p <p>Interview on 05/15/18 client #4 and #5 stated they participated in fire and disaster drills but were unsure how often.</p> <p>Interview on 05/15/18 staff #2 stated a disaster drill was completed quarterly.</p> <p>Interview on 05/15/18 the QP/Director stated:</p> <ul style="list-style-type: none"> - The facility had two 12 hour shifts from 7am to 7pm and 7pm to 7am. - He understood disaster drills were required to be completed quarterly and repeated on each shift. 	V 114		