STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL098-109	B. WING			R 15/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WELLMA	AN CENTER 4		ARNER ST. NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	on May 15, 2018. [This facility is licens	w up survey was completed Deficiencies were cited. sed for the following service AC 27G .5600A, Supervised h Mental Illness.				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.					
	failed to ensure fire	et as evidenced by: view and interview the facility and disaster drills were held ted on each shift. The				
	disaster drill docum - No fire drill docum shift October - Dece	ented for 7:00 am - 7:00 pm ember 2017. ented for 7:00 pm - 7:00 am				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
71140110111			A. BUILDING:			
		MHL098-109	B. WING		05/1	₹ 5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WELLMA	AN CENTER 4		ARNER ST. NC 27893			
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 114	- No disaster drill dam shift October - I - No disaster drill dam shift July - Sept - No disaster drill dam shift July - Sept - No disaster drill dam shift January - I Interview on 5/15/1 Professional stated - The facility operat 7:00 am - 7:00 pm - He was not aware disaster drills quart This deficiency con and must be correct	ocumented for 7:00 pm - 7:00 December 2017. Ocumented for 7:00 pm - 7:00 Dember 2017. Ocumented for 7:00 am - 7:00 March 2018. 8, the Director/Qualified Ded with 2 twelve hour shifts, and 7:00 pm - 7:00 am. Def of the requirement to hold erly and across all shifts. 8 stitutes a re-cited deficiency	V 114			

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-109	B. WING		05/1	₹ 5/2018
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	1 00/1	0/2010
			ARNER ST.	TATE, ZIF GODE		
WELLMA	AN CENTER 4		NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 2	V 131			
	revealed: - Title of Residentia 3/01/18 Health Care Perso 5/15/18.	of Staff #2's personnel record I Support Staff, hire date onnel Registry check dated B with the Director/Qualified				
V 422	- Staff #2 had recer "shadowing" him Staff #2 had not b	een working independently.	V 133			
V 100	G.S. §122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record					

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 3 of 9

Division of Health Service Regulation								
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
MHL098-109		B. WING		R 05/15/2018				
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•			
			ARNER ST.	· · · · · · · · · · · · · · · · · · ·				
WELLMA	AN CENTER 4		NC 27893					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE		
V 133	Continued From pa	ge 3	V 133					
	employ an applican criminal history reconsection. Except as a subsection, within fithe conditional offer shall submit a requiguration or shall submit a requiguration or shall submit at the conduct and check required by the conduct and check required by the covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal Records Covered by Public Land Department of Hear Criminal history records the Division of Criminal Political Criminal History records the County should be criminal history records the Cou	ant. A provider shall not t who refuses to consent to a ord check required by this otherwise provided in this ive business days of making of employment, a provider est to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private State criminal history record his section. Notwithstanding a Department of Justice shall finational criminal history mployment positions not aw 105-277 to the lith and Human Services, theck Unit. Within five aceipt of the national criminal in, the Department of Health est, Criminal Records Check is provider as to whether the did may affect the employability into case shall the results of the story record check be shared roviders shall make available cation that a criminal history impleted on any staff covered ounty that has adopted an dinance and has access to be interested for a provider a State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by this pusiness days of the employment by the provider.						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(Y2) MI II TIDI	E CONSTRUCTION	(X3) DATE	SLIDVEV	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
					F	
		MHL098-109	B. WING		05/1	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		406 W. GA	ARNER ST.			
WELLMA	AN CENTER 4		NC 27893			
(V4) ID	QLIMMADV QTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	אר	(VE)
(X4) ID PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 4	V 133			
	All criminal history i	nformation received by the				
		itial and may not be disclosed,				
		ant as provided in subsection				
	(c) of this section. F					
		n "private entity" means a				
		engaged in conducting				
	criminal history reco	ord checks utilizing public				
	records obtained from	om a State agency.				
		pplicant's criminal history				
		Is one or more convictions of				
		the provider shall consider all				
		ors in determining whether to				
	hire the applicant:					
		eriousness of the crime.				
	(2) The date of the					
	conviction.	person at the time of the				
	(4) The circumstand	ces surrounding the				
	commission of the	crime, if known.				
		een the criminal conduct of				
	the person and the filled.	job duties of the position to be				
	(6) The prison, jail,	probation, parole,				
		employment records of the				
	person since the da	ate the crime was committed.				
		t commission by the person of				
	a relevant offense.					
		on of a relevant offense alone				
		employment; however, the				
	listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in					
		record check that is relevant				
		on, but may not provide a copy				
		ry record check to the				
	applicant.	y - Δ provider and an officer				
	(d) Limited Immunity A provider and an officer or employee of a provider that, in good faith,					

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 5 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
					F	≀
		MHL098-109	B. WING			5/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WELLMA	AN CENTER 4	406 W. GA WILSON,	ARNER ST. NC 27893			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
V 133	complies with this socivil liability for: (1) The failure of the individual on the bathe criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense in federal criminal hist indictment of a criminal felony, that bears undividual have responsibility persons needing medisabilities, or subscrimes include the cany of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the following General Statutes: A lissuing Monetary Signification of the followi	ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in	V 133			

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 6 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BOILDING.		R		
		MHL098-109	B. WING			5/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
WELLMA	AN CENTER 4		ARNER ST. NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	Office; Article 35, C Peace; Article 36A, Article 39, Protection Protection of the Fa Intoxication; and Ar Crime. These crime sale of drugs in violation Controlled Substan 90 of the General State of Grenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furnical applicant for emplosion supplies, or otherwighted and the management of the grent	offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40, amily; Article 59, Public ticle 60, Computer-Related es also include possession or ation of the North Carolina ces Act, Article 5 of Chapter statutes, and alcohol-related ale to underage persons in B-302 or driving while of G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, ise gives false information on olication that is the basis for a pord check under this section Class A1 misdemeanor. Cloyment A provider may at conditionally prior to so fa criminal history record applicant if both of the	V 133			

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.		R	
		MHL098-109	B. WING			5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WELLMA	AN CENTER 4		ARNER ST. NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	failed to request sta checks within five b	et as evidenced by: view and interview, the facility ate criminal background business days of employment dited staff (#2). The findings				
	revealed: - Title of Residentia 3/01/18.	of Staff #2's personnel record Il Support Staff, hire date connel Registry check dated				
	Professional reveal - Staff #2 had recer "shadowing" him Staff #2 had not b - He did not realize	een working independently. a criminal background check 5 business days of a				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	This Rule is not me	et as evidenced by:				

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 8 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL098-109	B. WING			R 15/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
WELLM	AN CENTER 4		ARNER ST. NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 736	Based on observati failed to maintain the safe manner, free findings are: Observation on 5/12 am revealed: - Sour odor through: - The slats in the local strain fixture in a strong, pungent: - A strong, pungent: - The slats in the local strong at regular in the strong at	on and interview the facility e facility in a clean, attractive, rom offensive odors. The 5/18 at approximately 10:30 out the facility. uvered closet doors in Client visibly dusty. eared to be dead insects in the n Client #1's bedroom. odor in Client #2's bedroom. uvered closet doors in Client visibly dusty. 's bedroom door. or in Client #3's bedroom was ntervals indicating the be replaced for the unit to ed closet door in the hallway 8 the Director/Qualified "Yeah" when the above sed. He stated the batteries in had been replaced ing the facility tour.				

6899

Division of Health Service Regulation STATE FORM

QPNV11 If continuation sheet 9 of 9