

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-109	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/27/2018
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NAME OF PROVIDER OR SUPPLIER WELLMAN CENTER 4	STREET ADDRESS, CITY, STATE, ZIP CODE 406 W. GARNER ST. 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
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V 000	INITIAL COMMENTS A complaint and follow-up survey was completed on September 27, 2018. The complaint was unsubstantiated (intake #NC00142230). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean, attractive and orderly manner and kept free from offensive odors. The findings are: Observation on 09/27/18 at approximately 10:30am of the facility revealed: - The overhead kitchen light revealed one of two light fixtures worked. - The chairs under the dining room table were dusty and had cobwebs on the legs. - Client #2's bedroom revealed the carpet had bits of debris and was soiled. A dresser drawer was broken and the surface of the bedside table was damaged. - The hallway bathroom revealed the wallpaper was peeling away from the walls. The cabinet under the sink had two doors which would not	V 736	<i>The facility was cleaned by a cleaning crew. Carpets were professionally cleaned as well.</i>	<i>9/28</i>

DHSR - Mental Health
OCT 18 2018
Lic. & Cert. Section

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Tadisha Wellman
STATE FORM 6899

TITLE
Program Director
OW8U11

(X6) DATE
10/16/18
If continuation sheet 1 of 2

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>close.</p> <p>- The unoccupied bedroom #4 revealed a strong sour smell.</p> <p>Interview on 09/27/18 the Licensee stated:</p> <p>- He was looking to have carpet replaced at the facility.</p> <p>- He understood noted issues to be addressed at the facility.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
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