STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			7 20.23			
		MHL098-077	B. WING		08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		ΓGARNER S NC 27893	TREET		
(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 000	INITIAL COMMENT	TS .	V 000			
	2019. The complain #NC00153297). Do	was completed on August 21, nt was substantiated (Intake eficiencies were cited.				
	category: 10A NCA Living for Adults wit	C 27G .5600A Supervised h Mental Illness.				
V 109	27G .0203 Privilegi	ng/Training Professionals	V 109			
	QUALIFIED PROFINASSOCIATE PROF	ressionals no privileging requirements for als or associate professionals. ssionals and associate demonstrate knowledge, skills d by the population served. a competency-based is established by rulemaking, ssionals and associate demonstrate competence. hall be demonstrated by s including: edge; ess; g; kills;				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		T GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 109	plan upon hiring ea (g) The associate p supervised by a qua population served for	ge 1 ch associate professional. professional shall be alified professional with the or the period of time as 104 of this Subchapter.	V 109			
	Qualified Profession demonstrate knowledge	et as evidenced by: views and interviews, 1 of 1 nals (Licensee/QP) failed to edge, skills and abilities ulation served. The findings				
	Assessment and Tr Services Plan (V11) and interviews, the	0A NCAC 27G .0205 reatment/Habilitation or 2). Based on record reviews facility failed to develop and es to meet the needs of 1 of 2 udited.				
	Operations (V291). interviews, the facili coordination with th are responsible for	0A NCAC 27G .5603 Based on record reviews and ity failed to maintain service e qualified professionals who treatment/habilitation or case of 2 audited clients (client #1).				
	revealed: -He was the Licens	of the Licensee/QP's record ee and QP. ional qualifications for QP.				
	(LPN) stated: -She was covering	9 the Licensed Practical Nurse for the Licensee/QP, who it due to a family member's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING			
		MHL098-077	B. WING	· · · · · · · · · · · · · · · · · · ·	08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		「GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 109	illnessThe survey exit co- She was not famili -She would get the -Via the facility spe Licensee/QP of the of Protection. Telephone (via faci on 8/21/19 the Lice -He had given clien -"If probation and th keep him [client #1 can I?" -"Those white folks Comments were m coffee at a national whatever they do." don't care," several -Stated that client # former client, "dead -He gave a directiv client #1's discharg Protection and to "g -Licensee/QP ende Review on 8/21/19 8/21/19 and signed -"What immediate a ensure the safety of 8-20-19 To: Guardian of [cli This is a thirty-day residency at the Wo continuous failure to Center policies. [C and warned severa that include: 1. The use of i	auld be done with her. far with a Plan of Protection. Licensee/QP on the phone. aker phone, she informed the e surveyor's request for a Plan lity speaker phone) interview ensee/QP stated: at #1 a discharge notice. he Mental Health Center can't off the street, how the Hell don't give a damn." hade about "them" drinking coffee shop and "doing Repeated statement, "they times. #1 would "wind up" like a doin the street." he to the LPN to give a copy of he notice as the Plan of he det he call abruptly. of the Plan of Protection dated he by the LPN revealed: action will the facility take to he to find the consumers in your care. ent #1] notice to [client #1], ending his his ellman Center because of his his comply with the Wellman he comply with the Wellman he comply with the Wellman hie tient #1] has been counseled had times about his violations	V 109			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			7 50.25 (0.			
		MHL098-077	B. WING		08/21/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y 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 109	informing anyone a day The Wellman Cent accommodate [clie Larry Wellman (Lic Director of the Wel-"Describe your pla happens." No addit Client #1 was admit following a 12 mon hospital where he wand drug abuse. Hresidential services safe place to live wstreets and off drug later, on 10/1/16, to client #1 for 12 hou Approximately 1 yewas arrested and consell and possession on 7/31/18. He was requiring urine drug health/substance a his urine drug screen 1/24/19 until 5/13/1 facility when releas unsupervised time change. The Licent document in 2019 for with services provice time wisely. However the ACTT (Assertive Team) staff that he cocaine) while on use following his incarchis approved unsupermary care provice #1's nose from recommendations.	er is no longer able to nt #1].	V 109			

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PRINTED: 08/29/2019 FORM APPROVED

Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL098-077	B. WING		08/21/2019	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			GARNER S			
THE WELLMAN CENTER 1 WILSON,		NC 27893			1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 109	Continued From pa	ige 4	V 109			
	ACTT staff arrange Community Health Hepatitis C in Marc found to be a candi staff were not able Licensee/QP, client was delayed. Client staff that the Licens them being a part of delays due to lack of was then further delays treatment plan sinch had reported to the did not want ACTT guardian reported to services. The Licensee/QP failed when he (1) did not treatment planning Licensee/QP failed when he (1) did not #1's inability to absunsupervised in the develop/implement #1's relapse; (3) did guardian to review did not maintain contonter professionals treatment/habilitation delayed Hepatitis Contonter professionals treatment/habilitation delayed reported in client #1's resulted in client #1's resulted in client #1's resulted in client #1	d for client #1 to be seen at a Center for his diagnosis of h 2018. He was tested and date for treatment. The ACTT to obtain the money from the t #1's payee, and treatment t #1 had reported to the ACTT see/QP did not approve of of his treatment team. With the of money, client #1's treatment alayed due to his incarceration. Act of 6/25/19, after ACTT staff approval from the pply the medication at no The Licensee/QP had not guardian in review of his admission. The client ACTT staff the Licensee/QP involved in his care, but his being pleased with ACTT staff in care coordination and implementation. The to demonstrate competency assess or reassess client that from illegal drugs while a community; (2) did not strategies to address client and not consult with the client's client #1's plan annually; (4) ordination of services with responsible for client #1's on or case management; (5) a treatment by not providing a office visits. These failures 's relapse and use of street in felony drug charges, prolonged health deterioration or corollage of the provided of the felony drug charges, prolonged health deterioration or corollage of the all the deterioration of the felony drug charges, prolonged health deterioration determined to the felony drug charges, prolonged health deterioration determined to the felony drug charges, prolonged health determined to the felony drug charges.				
	by the delay in Hep	atitis Č treatment. This es a Type A1 rule violation for				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL098-077	B. WING		08/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		「GARNER S NC 27893	TREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 109	Continued From pa	ge 5	V 109			
	days. An administr imposed. If the vio 23 days, an additio \$500.00 per day wi	If must be corrected within 23 rative penalty of \$3,000.00 is lation is not corrected within nal administrative penalty of ll be imposed for each day the apliance beyond the 23 rd day.				
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan		V 112			
	PLAN (c) The plan shall the assessment, and in legally responsible of admission for cliureceive services be (d) The plan shall if (1) client outcome achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultaresponsible person (5) basis for evalua outcome achievem (6) written consent responsible party, or consultation of the consent responsible party, or consultation of the consent responsible party, or consent responsible party or consent responsible party or consent responsible	De developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. Include: (s) that are anticipated to be on of the service and a chievement; (e); review of the plan at least atton with the client or legally or both; atton or assessment of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	1/2019
	PROVIDER OR SUPPLIER	410 WEST	DRESS, CITY, S GARNER S NC 27893	STATE, ZIP CODE STREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	This Rule is not me Based on record re facility failed to deve to meet the needs of audited. The finding Review on 8/15/19 -65 year old male a -Diagnoses include type; tobacco abuse hypertension; Hepa -Client #1's pre-adn dated 6/15/16 documental illness, living and alcohol for year behavior in the hoshimself and mastur -Admission assess documented: -Question: "Wh Answer: "Need a sadrugs, stay off the sadrugs, stay off the sadrugs, stay off the saware of that might going into crisis? -Question: "Wh challenges" Answer: "Who provide or link you place to live, and wistay off them drug" -FL2 dated 1/17/19 "DisorientedIntermothers." -FL2 dated 1/17/18 "DisorientedIntermothers."	et as evidenced by: views and interviews, the elop and implement strategies of 1 of 2 clients (client #1) ys are: of client #1's record revealed: dmitted 8/4/16. d schizophrenia, paranoid e; substance abuse; titis C. nission psychiatrist notes mented a history of chronic g on the street, using drugs rs, and inappropriate sexual bital day room (exposing bating). ment dated 8/5/16 at are your goals? (needs)" afe place to live. Stay off	V 112			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
TUE WE	LLMAN CENTER 1	410 WES	Γ GARNER S	TREET		
I TIE VVE	LLIMAN CENTER 1	WILSON,	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)	LD BE	(X5) COMPLETE DATE
	Continued From particles of the consistent of th	ge 7 of client #1's "Unsupervised dated 10/1/16 revealed: Professional (QP) #1 demonstrated the ability to eek emergency assistance, g medical issues, consistently en leaving the facility, and do to the facility when becomented of client #1's risk and use of illegal drugs and pervised in the community. Indeed 4 hours per day of the home and 8 hours of the community. In the home and 8 hours of the community.	V 112			
	his eligibility to rece	es client #1's ability to maintain ive unsupervised time. lient #1 or his guardian on the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL098-077	D98-077 B. WING		08/21/2019	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00:-	
THE WELLMAN CENTER 1		T GARNER S NC 27893	TREET		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Class 2 Misdemeanor of Check" in 2005, and a Charge in 2006 for "Drug Paraphernalia-Use/Post charges listed prior to charges listed prior to charges listed prior to charges on 7/31/17 client #1 rece "Sell of Schedule I narce of charges on 7/31/18. He was incarcerated fruction of charges on 7/31/19. Review on 8/15/19 of cluent #1's next custod for 9/1/19. Review on 8/15/19 of cluent young and July young young young and July young yo	ne "North Carolina affety Offender Public 1 revealed: hission he had a history of charges for "Worthless Class 1 Misdemeanor 19 seession." No felony client #1's admission to the 19 seession. No felony client #1's admission to the 19 seeved a Felony charge for cotics." He was convicted 19 review was scheduled 19 review was scheduled 19 revealed: 19 uses his unsupervised 19 the store[Client #1] is on 19 working at the store ised probation with no 19 uses his unsupervised 19 the store[Client #1] was 19 uses his unsupervised 19 uses hi	V 112			

May, June, or July 2019.
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		T GARNER S	TREET		
IIIL WL	LLIMAN CLIVILIC I	WILSON,	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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 9	V 112			
	care/local communing Note" dated 6/25/19 provider documents nose form (from) respectively reports (reports) us. Review on 8/16/19 Community Treatments from May 20 revealed: -5/31/18: Physician seen at the group hevaluationHe con on a nightly basis two times per week life threatening reach abuses Cannabis of medical follow up we practitioner). He reports after wo 12:30 am, he walked in the area. He reports 'they knew repo	reported continued cocaine				
		reported daily crack cocaine o stop. He was not				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			,			
		MHL098-077	B. WING		08/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER S	TREET		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From page 10		V 112			
	participating in subsivas agreeable to e program. He had a court. His probation inpatient treatment -6/5/19: Medical Ev#1 had been releas supervised probation to jail if he had a poreported resumption release. He was not abuse treatment. 6/12/19: ACTT standrug test for that we#1 reported he hop used drugs the prioplanned to stop using several days but he dealer, and used. Consequences of a shared he had been second since he refeither a '3 day dip,' violated and stay in should serve his emprobation." -7/12/19: Client #1 reported he was ou woman and got losing gotten home at 8:00 group home staff kill laughed and said he-8/1/19: Client #1 recack cocaine 2 we-8/7/19: Client #1 reuse for "bout 2 weeels and said he side of the said he said h	stance abuse treatment. He ntering a rehabilitation in upcoming follow up with the officer would recommend an program. aluation by physician. Client ed from jail and remained on on. He was expected to return esitive drug screen. He of cocaine abuse since his of participating in substance. If and client #1 discussed his eek for his probation. Client ed he would pass but had or day. "Client explained he of esaw that boy,' meaning his staff reviewed the possible failed test with client. Client of told if he failed this test, his turned home, he would get meaning 3 days in jail, or be jail until a judge decided if he of the test was an all of the test walking all night with a stance. Client reported he had just to the common of the common of the was and client est is a grown man." Exported he had last used eks prior. Exported he had been avoiding				
	follows:	2019 - August 2019 as ble to locate client at home or				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILDING.				
		MHL098-077	B. WING		08/2	1/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
THE WE	LLMAN CENTER 1		ΓGARNER S NC 27893	TREET			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE	
V 112	Continued From pa	ige 11	V 112				
V 112	in community." -6/24/19: "Clie! Could not locate cli informed boarding appointment the fol -7/23/19: "No a [ACTT] could not locommunity. Staff to the week." -7/24/19: "Una in community." -7/26/19: "Una in community." -7/29/19: "Boa was not home. Cocommunity. Staff to the week." -7/31/19: "No a -8/13/19: "Coucommunity. No ans Interview on 8/15/1 -He was "locked up his probation He w -He was put on pro	Int was not at boarding house. ent in the community. Staff house staff about client's llowing day." answer at the boarding house. It is follow up with client later in ble to locate client at home or ble to locate client at home or rding house member stated he uld not locate client in the of follow up with client later in answer at door." Id not locate client in the swer at the boarding house." 9 client #1 stated: " in April because he "broke" ras still on probation. bation last year around	V 112				
	probation.	clined to state why he was on					
	-He did not get "loc on probationHis offenses (drug on unsupervised tir -His unsupervised this offenses or beir -When on unsupervised to the order and sit. When place, client #1 state where."	time had not been affected by ng on probation. vised time he would go to the n asked if the store was a safe ted "it's alright, not safe no					
	-He no longer work about 1 year.	ed. He had not worked for					

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DIVISION	of Health Service Re	guiation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LLIEU
		MHL098-077	B. WING		08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	LIMAN CENTED 4	410 WES	GARNER S	TREET		
I HE WE	LLMAN CENTER 1	WILSON,	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 12	V 112			
	Telephone interview guardian stated: -Overall she was not care at the facility. I mental hospital for the facility. He had and diagnosed with the facility for 1 year -When it was time to mental health hospital place for her father provider; he had known she visited the facility concerns after visition other clients. She won for structure and sughistory of drug abust responded to her collock them up. He is -Since the initial adiasked to sign anyth father's care. She is facility treatment teat Licensee/QP had cafter admission. The call from the License father had been arranotified by the ACT the Licensee/QP. Telephone interview Probation/Parole Sicolient #1 was charcharges. He was consulted by 2018 and place -1/24/19 client #1 here.	or on 8/20/19 client #1's or pleased with her father's Her father had been in a 1 year prior to his admission to a history of drug addiction schizophrenia. After being in r he began using drugs again. o be discharged from the ital, they had trouble finding a . Her father suggested the own him in the past. When ity some of the things the raised red flags." She had ng the facility and seeing the was concerned about the lack pervision, and her father's se. The Licensee/QP's oncerns, "you know we cannot a grown man." mission, she had not been ing at the facility for her had not been included in am meetings. The alled her once or twice shortly he next communication was a see/QP telling her that her ested. She had already been T prior to being contacted by on 8/16/19 the upervisor stated: ged in October 2017 on drug privicted of the drug charges in ed on probation. and a court date for probation ordered to enter a residential				

-Typically, as in this case, persons will be held in

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
THE WE	LLMAN CENTER 1		ΓGARNER S' NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 112	custody until they g treatment program. days2/12/19 client #1 e substance abuse tr returned from the p health issues the no-Client #1 was in ja -When he was not a program, he was or was given some "cr held, so he was not days. Interview on 8/16/19-The ACTT provide home or community client. They would home or the store co-As part of their ser with other needed s primary careThe Licensee/QP I in treatment team in evaluating his program discuss his unsupe -They collaborated officer. They share would not be able to current living situation the community. Interview on 8/21/19 for Safer Communi-She was the "link" his probation officer-Client #1 must have abuse provider for already his provider	et a bed in the residential The time ordered was 90 Intered the residential eatment program. He was rogram due to his mental ext day. If from 1/24/19 - 5/13/19. If from 1/24/19 - 5/1				

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL098-077	B. WING		08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		「GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 112	his mental health/s found the ACTT to -Client #1 had told occasion he was subut he was not com-There was a certa officer had told him there. It was at this his contacts to obta-The probation offic drug screens. Clie negative drug screet that point yet. He whis drug tests, whica-Typically a client of ture court date. A review drug test reson probation would -At the present time ACTT were focused She was not directly voice mail messag 8/21/19 for client #1 in training and not a linterview on 8/15/1 -During the daytime convenience store, stay at this store. In leisure. He had 4 that he could use a unsupervised time -Client #1 did not housing his unsuperview when he was leaving -Client #1 was the of He was on probationarrested "about lass"	ubstance abuse provider. She do a good job with client #1. her on more than one upposed to be home by 9 pm upliant. in gas station his probation not to visit, but he was often solocation that client #1 made ain drugs. Ser would oversee client #1's not #1 was required to have eas, but he had not gotten to went to jail because he failed sh was a probation violation. In probation would have a At that time the judge would sults and decide if the person serve jail time. It is probation officer and don client#1's living situation. It is probation officer but he was available for interview. 9 the Licensee/QP stated: It is client #1 worked at a local He was paid and loved to he went to the store at his hours of unsupervised time nytime. This was inclusive of in the home and community, ave to sign in or out when ised time. He would tell staff	V 112			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL098-077	B. WING		08/2	1/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 112	arrested at the stor days in jail. He well have drug testing a the drug test aroun. As a result he had a jail about 90 days, with the facility. -When asked if he time, the Licensee/changed his responded." When asked on the census form exit date 4/25/19, h"Unsupervised Time was the most recerunsupervised time. -When asked how for unsupervised time was done "as need in health condition, -Client #1's unsuper The unsupervised to following his arrest from jail in 2019. -When asked if a cabuse was conside unsupervised time, never been an issue This deficiency is conditional professionals and Aprofessionals and Approfessionals and	e. He had spent maybe 90 nt to court and was ordered to nd put on probation. He failed d January or February 2019. to return to jail. He stayed in was released, and returned to was discharged during this QP first stated "yes," then nse and stated he "held his why he had not listed client #1 during his last annual survey, e stated he did not know. ne Assessment" dated 10/1/16 nt assessment for client #1's often clients were re-assessed me, the Licensee/QP stated it ed" if the client had a change or was non-compliant. rivised time had not changed. time was not changed in 2017 or after his release lient's history of substance ared when determining the Licensee/QP stated it had	V 112			
V 291	10A NCAC 27G .56	sed Living - Operations 603 OPERATIONS cility shall serve no more than	V 291			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	21/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 291	developmental disa on June 15, 2001, a than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified profession treatment/habilitation (c) Participation of Responsible Person provided the opport relationship with he means as visits to the facility. Reports annually to the pare legally responsible Reports may be in conference and shaprogress toward medically to the pare legally responsible Reports may be in conference and shaprogress toward medically program Activity activity opportunities needs and the treat Activities shall be dinclusion. Choices or legal system is in	ge 16 c clients have mental illness or bilities. Any facility licensed and providing services to more nat time, may continue to no more than the facility's nation. Coordination shall be not the facility operator and the als who are responsible for on or case management. The Family or Legally note and the facility and visits outside a shall be submitted at least ent of a minor resident, or the person of an adult resident. Writing or take the form of a sall focus on the client's eeting individual goals. The seed on her/his choices, ment/habilitation plan. The seigned to foster community may be limited when the court prolived or when health or one a primary concern.	V 291			
	facility failed to main the qualified profess for treatment/habilit 1 of 2 audited client are:	views and interviews, the ntain service coordination with sionals who are responsible ation or case management for s (client #1). The findings				
	Review on 8/15/19	of client #1's record revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		「GARNER S NC 27893	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 291	type; tobacco abuse hypertension; Hepa-Social Security medocumented the Lic client #1's payee."Y payments each moyour needs We wonthly check of \$ October 3, 2016." Review on 8/15/19 Professional) Month January, February, revealed: -Each month the Lic #1 met his goal to "status by being coninvolved with impro-Each month the Lic #1 met his goal and wisely." -No QP Monthly Su May, June, or July 20 Review on 8/16/19 Health Center notes revealed: -5/21/18: This was past medical history testing was ordered status10/25/18: Client # (Assertive Commur and seen for chest nose (present for a greenish color phle (present for a week status).	dmitted 8/4/16. d schizophrenia, paranoid e; substance abuse; tititis C. morandum dated 9/29/16 censee was chosen to be four payee will receive your inth and will use this money for ill begin sending your regular 1427.00 to your payee around of client #1's "QP (Qualified hly Summary Notes" for March, and April, 2019 censee/QP documented client improve his mental health hipliant with all services ving his quality of life" censee/QP documented client If "Used his unsupervised time mmary Notes documented for 2019. of client #1's Community es from 5/21/18 - 8/13/19 client #1's first visit. He had a by of Hepatitis C. Laboratory If to confirm his Hepatitis C 1 was brought in by the ACTT hity Treatment Team) nurse congestion, coughing, runny week), possible fever, gm, and stomach pain	V 291	DETICIENCY)		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL098-077	B. WING		08/2	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
THE WEI	LMAN CENTER 1	410 WES	ΓGARNER S	TREET		
INE WEL	LIVIAN CENTER T	WILSON,	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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 291	Continued From pa	ge 18	V 291			
	confirmatory test sh virus) infection. Clie weeks. -6/25/19: Seen for F of prior authorization Mavyret 100-40 mg 8 weeks. (Given to	,				
	5/21/18 - 8/13/19 re-5/21/18: ACTT states his primary care appropriate content. Client #1 v-5/31/18: Psychiatris seen at the group hevaluation He abuper week. The potenthreatening reaction abuses Cannabis of orders included flup 25 mg/ml (milligram 2 weeks. (Used to -6/5/18: "Therapist is communityClient in discontinue services [Licensee/QP] don'-10/25/18: "Talked him aware the clinic needed client's final client would be charbe allowed to go ba -12/14/18: Community was made for Hepat Client #1 reported co-1/17/19: Client #1 rabuse and unable to participating in subswas agreeable to en	off accompanied client #1 to pointment (Community Health was "calm and cooperative." It documented, " [Client #1] is ome for his medication uses Cocaine one to two times ential for a serious life hideath is reviewed. He in a weekly basis." Medication thenazine decanoate injection is/milliliter), inject 1.5 ml every treat schizophrenia.) met with client while out in the reports that he would like to be because you know to like ya'll'." with [Licensee/QP] and made to (Community Health Center) incial information today or reged full price and would not cok until bill was paid." hity Health Center appointment titis C treatment on 1/14/19. Inontinued cocaine abuse.				

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STATEMENT OF DEFICIENCIES (X) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/2	1/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
THE WE	LLMAN CENTER 1	410 WEST	GARNER S	TREET			
THE WE	LLIMAN CENTER I	WILSON,	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 291	inpatient treatment -5/14/19: "Staff call [Licensee/QP], prio stated that client no and stated not to co [Licensee/QP] state receiving injection a 5/15/19: ACTT staff Accountability for S staff met. "Client ex into it with doctor" a ACTT, but client do ACTT. TASC staff was very helpful to probation." -6/5/19: Psychiatris seen in the commu evaluation." Client appointment in Junctreatment and was -6/6/19: "Met with collient presented in ACTT isn't suppose [Licensee/QP] does -7/12/19: ACTT too appointment and remedications. ACTT received from the p Licensee/QP.	officer would recommend an program. led house manager, red to visiting. [Licensee/QP] longer wanted ACTT services ome to the boarding house. It [another provider]." for client #1, and Treatment after Communities (TASC) uplained [Licensee/QP] "got and didn't want client to have seen want to continue with stressed to client that ACTT him being successful on the documented, "[Client #1] is not provided in the prov	V 291	DEFICIENCY)			
	seen at the store fo He reports feeling be treatment for Hepat in his Crack Cocain abused Crack Coca -ACTT documented see client #1 from J	r his medication evaluation. Detter now that he has started ditis C He reports a reduction the abuse, noting he last shine two weeks ago." If 8 unsuccessful attempts to lune 2019 - August 2019. On and 8/13/19 no one answered					

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the door at the facility.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MIII 000 077	B. WING		00/0	4/0040
		MHL098-077			08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S F GARNER S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		NC 27893	OTREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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 291	1 Continued From page 20		V 291			
	The doctor came to The doctor, a lady, and he thought she -He was taking menot been taking it v finish. The License medicationHis daughter was nearby county. He but talked to her on Telephone interview	I health doctor every 3 months. of the group home to see him. had seen him for a long time a gave him good care. dications for Hepatitis, but had ery long and was soon to be PQP gave him the his guardian and lived in a had not seen her for a while				
	about 3 yearsThere had been is paying for medicati of times, even thou #1's payeeHer father was see management. The date on her father. month ago and discher father. She wa -She had talked wit recently as the prio	r's (client #1) guardian for sues with the Licensee/QP not ons and doctor visits a couple igh the Licensee was client en by ACTT for case ACTT staff kept her up to She met with 2 staff about 1 cussed what was going on with s pleased with the ACTT. Ith client #1 over the phone as r week. In the conversation he opy" about finding a place to				
	for Safer Communi -She was the "link" his probation office -Client #1 must hav abuse provider for already his provide	9 the Treatment Accountability ties (TASC) staff stated: between client #1's ACTT and r. ve a mental health/substance his probation. ACTT was r at the time he was charged n/selling, so this was				

Division of Health Service Regulation

STATE FORM 5899 ZD2911 If continuation sheet 21 of 25

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	-	
			T GARNER S			
THE WE	LLMAN CENTER 1		NC 27893			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETE DATE
V 291	Continued From pa	ge 21	V 291			
	maintained.					
	-The ACT team was provider of mental had can find the client. The group home or They also linked the services, which includes a provided client (fluphenazine decay ACTT PsychiatristACTT took client of Center in May 2018 Hepatitis CThe ACTT had been been been been could not payWhen ACTT becard be incarcerated for became more "assed Hepatitis C treatment. The ACTT Psychiat member that identiff Hepatitis C treatment were incarcerated, until he was released treatment continued would deteriorate to a candidate for treatment and found the Health Department and found the Health Center. The was the most cost of the services of th	9 the ACTT staff stated: s an in home service and nealth services wherever they They would see client #1 at the store down the street. e client with other needed uded primary care. ACTT #1's Prolixin injections noate injection) ordered by the #1 to the Community Health to follow up his diagnosis of en in conversation with the the May 2018 about the need the Hepatitis C treatment. The nued to tell them client #1 me aware that client #1 could breaking his probation, they ertive" with trying to get his nt begun. Itrist had been the ACTT fied client #1 needed to have nt. She was concerned if he treatment would not be started ed. She was concerned if the d to be delayed, his health of a point he may no longer be treatment. His testing results in nis viral count was very high evidence of liver damage. roviders of Hepatitis C d 2 resources in their county; tent and the Community Community Health Center effective option. To start the needed to pay an outstanding				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/21/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		410 WEST	GARNER S	TREET		
THE WE	LLMAN CENTER 1	WILSON,	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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 291	Continued From page 22		V 291			
	and an office visit fe-They discussed wi for treatment, and to outstanding bill that payment his treatm and client #1 was n prior to his incarcer-When released fro ACTT made another client #1 to pursue reatment, it was identified the manuapproval for client #1 to pursue free of charge as passistance program the Licensee/QP (6/25/19 to pay for co-pay for that day, he was not giving a (ACTT) would have treatment. -Client #1's next visiand he would have case manager had and the Licensee/Q-As far as ACTT kn the medication daily obtained from the Copharmacy. -At the next visit he determine if the me was not taking the may not be effective may not be effective.	th the Licensee/QP the need that client #1 had an needed to be paid. Without ent continued to be delayed of able to begin treatment ation in February 2019. It is minimized to have a proposition of the payment of the entified client #1 did not have on benefit ("Part D"). ACTT of the treatment of the company's "special in." If a core and was able to get that to receive the medication and of the company's "special in." If a core and was able to get the to receive the medication and the company's "special in." If a core and was able to get the to receive the medication and the company's "special in." If a core and was able to get the to receive the medication was scheduled for \$90 on the lient #1 is outstanding bill and the company of \$32.50. ACTT discussed this with client #1 is was scheduled for 8/20/19 a co-pay of \$32.50. ACTT discussed this with client #1 is was receiving to the medication was effective. If he medication was effective. If he medication as prescribed it is it is very expensive and				

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Division of Health Service Regulation STATE FORM

Telephone interview on 8/21/19 the ACTT case

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL098-077	B. WING		08/2	1/2019
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER S	TREET		
(V4) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	⊃N.	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 291	1 Continued From page 23		V 291			
V 291	manager stated: -Client #1 was give Licensee/QP on 8/2 his appointment wit CenterClient #1 had beer notice by the Licens was given the 30 da trying to get him int -She was able to get Client #1 told her "[he lets me do what Interview on 8/15/1! -He knew the surve client #1He had concerns wanecks." They were providerClient #1 did not de him to do. Client #1 had been that way him." -Client #1 had beer primary care until A Community Health -Client #1's daughte much" involved in h -Client #1 had Hepa "big ole pills." At fir provided it free. No another provider he #1 does not have e gets Social Security care or medication been around a long	In the \$32.50 by the 20/19 for his co-pay and kept th the Community Health in given a 30 day discharge see/QP. The client told her he ay notice because ACTT was o another place. It client #1 "calmed down." Licensee/QP] is not a bad guy; I want to do." 19 the Licensee/QP stated: Eyor was there because of with the ACTT. "They are red client #1's mental health of what they (ACTT) wanted it was resistant to care and "all his life since I've known in seeing another provider for CTT took him to the Center. Er was his guardian and "pretty"	V 291			
	This deficiency is c	ross referenced into 10A				

Division of Health Service Regulation

STATE FORM 5699 ZD2911 If continuation sheet 24 of 25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL098-077	B. WING		08/21/2019		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 WEST GARNER STREET WILSON, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 291	NCAC 27G .0203 C Professionals and A	ge 24 Competence of Qualified Associate Professionals 1 and must be corrected	V 291				