Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL098-077 08/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 410 WEST GARNER STREET THE WELLMAN CENTER 1 **WILSON, NC 27893** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 The surveyor report is arbitrary and capricans and hot bused on facts A complaint survey was completed on August 21, 2019. The complaint was substantiated (Intake #NC00153297). Deficiencies were cited. This facility is licensed for the following service Client # I used his upsipermed category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. time to would pust time doing V 109 V 109 27G .0203 Privileging/Training Professionals add jub at the local consument 10A NCAC 27G .0203 COMPETENCIES OF sture. He managed his time QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS Well and comphed with the (a) There shall be no privileging requirements for qualified professionals or associate professionals. rules of insupprised time (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills Later ON Chart became and abilities required by the population served. (c) At such time as a competency-based irented and being at of employment system is established by rulemaking, then qualified professionals and associate compliance. When professionals shall demonstrate competence. (d) Competence shall be demonstrated by met with Quality Control exhibiting core skills including: (1) technical knowledge; Committee and Me Saladis (2) cultural awareness; (3) analytical skills; Mich mannered the charageorses (4) decision-making; (5) interpersonal skills; (6) communication skills; and he said the spinething he (7) clinical skills. (e) Qualified professionals as specified in 10A I the surrent I ma
DHSR - Mental Health NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. SEP 17 2019 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision Lic. & Cert. Section Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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continuation sheet 1 of 25

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING _____ 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 109 V 109 Continued From page 1 plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professionals (Licensee/QP) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are: Cross Reference: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Services Plan (V112). Based on record reviews and interviews, the facility failed to develop and implement strategies to meet the needs of 1 of 2 clients (client #1) audited. Cross Reference: 10A NCAC 27G .5603 Operations (V291). Based on record reviews and interviews, the facility failed to maintain service coordination with the qualified professionals who are responsible for treatment/habilitation or case management for 1 of 2 audited clients (client #1). Review on 8/21/19 of the Licensee/QP's record revealed: -He was the Licensee and QP. -He met the educational qualifications for QP. Interview on 8/21/19 the Licensed Practical Nurse (LPN) stated: -She was covering for the Licensee/QP, who could not be present due to a family member's

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 109	illnessThe survey exit cou- She was not familia- She would get the -Via the facility speaticensee/QP of the of Protection. Telephone (via facilion 8/21/19 the Licer- He had given client -"If probation and the keep him [client #1] can !?" -"Those white folks Comments were macoffee at a national whatever they do." don't care," several -Stated that client #* former client, "dead -He gave a directive client #1's discharge Protection and to "grand -Licensee/QP ended Review on 8/21/19 or 8/21/19 and signed -"What immediate a ensure the safety of 8-20-19 To: Guardian of [cliet This is a thirty-day in residency at the We continuous failure to Center policies. [Cliet and warned several -Via facility speating -Via facility -	ald be done with her. ar with a Plan of Protection. Licensee/QP on the phone. aker phone, she informed the surveyor's request for a Plan ty speaker phone) interview nsee/QP stated: #1 a discharge notice. e Mental Health Center can't off the street, how the Hell don't give a damn." ade about "them" drinking coffee shop and "doing Repeated statement, "they times. I would "wind up" like a in the street." to the LPN to give a copy of e notice as the Plan of et them out of there." If the call abruptly. of the Plan of Protection dated by the LPN revealed: ction will the facility take to the consumers in your care.	V 109	DEFICIENCY		
	that include: 1. The use of ill 2. Leaving the r	egal drugs esidence without signing out,	12 			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 109 V 109 Continued From page 3 Sournal efforts had been informing anyone and not returning until the next made to get client into dwg trendment programs The Wellman Center is no longer able to accommodate [client #1]. Larry Wellman (Licensee) Director of the Wellman Center -"Describe your plans to make sure the above happens." No additional information written. Client #1 was admitted to the facility on 8/15/16 following a 12 month stay in a mental health MR Wellman and the hospital where he was treated for schizophrenia and drug abuse. His expressed needs for Act team doolon had residential services on admission were to have a a disagrament was thom making appointments without every consulting the Facility.

Client had been treated by safe place to live where he could stay off the streets and off drugs. Forty seven (47) days later, on 10/1/16, the Licensee/QP approved client #1 for 12 hours a day of unsupervised time. Approximately 1 year later, on 10/27/17, client #1 was arrested and charged with a felony for the sell and possession of illegal drugs and convicted on 7/31/18. He was placed on probation, requiring urine drug screens and mental health/substance abuse services. Client #1 failed a black cluston at Nash his urine drug screens and was placed in jail from 1/24/19 until 5/13/19. Client #1 returned to the facility when released and resumed his Street Health Care, without unsupervised time without a reassessment or change. The Licensee/QP continued to reforms facility the ACT Team moved his care to document in 2019 that client #1 was compliant with services provided and used his unsupervised time wisely. However, client #1 had admitted to the ACTT (Assertive Community Treatment a white doctor . UN Team) staff that he used illegal drugs (crack cocaine) while on unsupervised time before and Green Street Housth following his incarceration in 2019 and exceeded his approved unsupervised time. On 6/25/19 the primary care provider documented burns to client Cane #1's nose from recent crack cocaine use. On the

recommendation of the ACTT Psychiatrist, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	14 - 15 - 14 - 14 - 15 - 15 - 15 - 15 -	LE CONSTRUCTION	(X3) DATE S COMPL	
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V 109 Continued From	age 4	V 109			
ACTT staff arrange Community Health Hepatitis C in Malfound to be a can staff were not able Licensee/QP, clied was delayed. Clied staff that the Licenthem being a part delays due to lack was then further of the His treatment staff applied and receive manufacturer to such arge to client #1 treatment plan single had reported to the did not want ACT guardian reported services. The Licensee/QP faille when he (1) did not want the consulted with the or treatment planse Licensee/QP faille when he (1) did not want with the contreatment planse Licensee/QP faille when he (1) did not want with the consulted with the consulte	ed for client #1 to be seen at a center for his diagnosis of ch 2018. He was tested and didate for treatment. The ACTT to obtain the money from the nt #1's payee, and treatment the #1 had reported to the ACTT is see/QP did not approve of of his treatment team. With the of money, client #1's treatment elayed due to his incarceration. It is ded 6/25/19, after ACTT staff red approval from the apply the medication at no and the apply the medication at no and the apply the medication at no are the admission. The client and the ACTT staff the Licensee/QP involved in his care, but his being pleased with ACTT ensee/QP had not included or ACTT staff in care coordination ing/implementation. The are to demonstrate competency that it is a competency that it is a competency that it is a competency to a competency that it is a client #1's plan annually; (4) coordination of services with a cresponsible for client #1's on or case management; (5) are treatment by not providing a office visits. These failures the felony drug charges, prolonged health deterioration that its C treatment. This		This is not true to facility Diverbile, paid of his own podlet a time client was seen. The quandient verse seen. The quandient versual answer call from the Grandity, as stated a surger by the client himself. The quant himself. The quant the facility not one No visiti on holday: birthday. See can no form any opinion, and statements are all li	so to the time.	

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 109 V 109 | Continued From page 5 This report is abitrary and capacities, and not howed on any facts, but based on the presidue of bias of the surveyor.

The findings of the report will be appealed to the office of Administrations serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23 rd day. V 112 V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan ASSESSMENT AND 10A NCAC 27G .0205 TREATMENT/HABILITATION OR SERVICE **PLAN** (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

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PRINTED: 08/29/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING_ MHL098-077 08/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 112 | Continued From page 6 V 112 The ACT Team misked Client once and the facility that he would be send to This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement strategies to meet the needs of 1 of 2 clients (client #1) audited. The findings are: Drug rehab Contae The Diverbin bought Chint one New Clother From 90 days and purchased with his own money medonics from three months. Review on 8/15/19 of client #1's record revealed: -65 year old male admitted 8/4/16. -Diagnoses included schizophrenia, paranoid type; tobacco abuse; substance abuse; hypertension; Hepatitis C. -Client #1's pre-admission psychiatrist notes dated 6/15/16 documented a history of chronic mental illness, living on the street, using drugs and alcohol for years, and inappropriate sexual behavior in the hospital day room (exposing himself and masturbating). -Admission assessment dated 8/5/16 documented: -Question: "What are your goals? (needs)" ... Answer: "Need a safe place to live. Stay off drugs, stay off the streets." -Question: "Are there behavior patterns, to be aware of that might indicate or contribute to, your going into crisis?... Answer: "drugs or wine" -Question: "What are your biggest challenges" ... Answer: "Staying off the streets." -Question: "What services would you like us to provide or link you to?" ... Answer: "a safe place to live, and where I can try to get better and stay off them drug" -FL2 dated 1/17/19 documented client #1 was "Disoriented..Intermittently" and "Injurious to others."

Property."

-FL2 dated 1/17/18 documented client #1 was "Disoriented..Intermittently" and "Verbally Abusive," "Injurious to others," and "Injurious to Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 7 Review on 8/15/19 of client #1's "Unsupervised Time Assessment" dated 10/1/16 revealed: -Licensee/Qualified Professional (QP) documented client #1 demonstrated the ability to provide self-care, seek emergency assistance, had no endangering medical issues, consistently reported to staff when leaving the facility, and consistently returned to the facility when expected. -No assessment documented of client #1's risk factors for relapse and use of illegal drugs and alcohol when unsupervised in the community. -Client #1 was awarded 4 hours per day of unsupervised time in the home and 8 hours of unsupervised time in the community. Review on 8/15/19 of client #1's treatment plan dated 4/1/19 revealed: -Person Centered Profile query, "What's Important ...," was answered, "Remain Drug Free." -Residential goal, "[Client #1] will remain sober from alcohol and clean from illicit substances." Support/Interventions strategies included. "Will provide a structured living environment... -Residential goal, "[Client #1] will maintain his unsupervised time by following the established criteria. No level II or III incidents. Must demonstrate the ability to provide basic self care, and the ability to seek emergency assistance. [Client #1] will verbalize his thoughts and feelings, and must be consistent with signing in and out. Must return to the facility when expected." Support/Interventions strategies included staff to provide monitoring services, discuss boundaries and expectations with client #1, and develop a routine and reassess client #1's ability to maintain his eligibility to receive unsupervised time. -No signatures by client #1 or his guardian on the treatment plan.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	Department of Publ Information" for clie -Prior to client #1's and Class 2 Misdemear Check" in 2005, and charge in 2006 for "Paraphernalia-Use/charges listed prior facility10/27/17 client #1 in "Sell of Schedule I in of charges on 7/31/-He was incarcerated -Client #1's next custor 9/1/19. Review on 8/15/19 of the street was incarcerated was incarcerated the street was incarcerated was incarcerated the street was incarcerated was incarcer	admission he had a history of nor charges for "Worthless d a Class 1 Misdemeanor Drug Possession." No felony to client #1's admission to the received a Felony charge for narcotics." He was convicted 18. ad from 3/18/19 - 5/13/19. stody review was scheduled of client #1's QP "Monthly		.01		
	January 2019 and J -January 2019, "[Cli time wisely working supervised probatio - February 2019, "[Gunsupervised time w	ent #1] uses his unsupervised at the store[Client #1] is on n with no incident"				
	time wisely working sent to prison this m -April 2019, "[Client time wisely[Client probation with no inc -Each month the Lic #1 met his goal to". status by being com					
		ary Notes documented for				7

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 08/21/2019 MHL098-077 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 9 Review on 8/16/19 of the client #1's primary care/local community health center "Progress Note" dated 6/25/19 revealed the primary care provider documented, "Patient has a burn to his nose form (from) recent crack cocaine use... he reprots (reports) using when he feels lonely." Review on 8/16/19 of the client #1's Assertive Community Treatment Team (ACTT) progress notes from May 2018 through August 2019 revealed: -5/31/18: Physician documented, "[Client #1] is seen at the group home for his medication evaluation...He continues to work ... at the store on a nightly basis... He abuses Cocaine one to two times per week. The potential for a serious life threatening reaction/death is reviewed. He abuses Cannabis on a weekly basis. He has had medical follow up with his new PCP (primary care practitioner). He reports that he liked her 'all right.' He reports after work last night, at approximately 12:30 am, he walked to [business] another store in the area. He reports while standing outside the store and observing others stealing tires, that he was 'shot at' by people driving by in a car. He reports 'they knew me.' He denies anyone was hurt... He notes he usually finishes work by 10:30pm and is back at the group home by 11 pm. He notes that he has not told anyone about the incident. I talk with [client #1] about contacting the police. I talk with [Licensee/QP] who notes that [client #1] was back by 9 pm last night and in bed and that he is always at home and in bed by that time. He notes [client #1] says things to get attention from the ACTT program." -12/14/18: Client #1 reported continued cocaine -1/17/19: Client #1 reported daily crack cocaine abuse and unable to stop. He was not

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 112	in community." -6/24/19: "Clier Could not locate clie informed boarding h appointment the foll -7/23/19: "No a [ACTT] could not locate."	nt was not at boarding house. ent in the community. Staff nouse staff about client's owing day." inswer at the boarding house.	V 112	We are not a locke down facility and ea Client has the night: Free marement,	nh to	aļ. 19
	-7/24/19: "Unat in community." -7/26/19: "Unat in community." -7/29/19: "Boar was not home. Cou community. Staff to the week." -7/31/19: "No a -8/13/19: "Could community. No ans	d not locate client in the wer at the boarding house."		The facility is not law enforcement cont wire high burb wire fences. The Qualty Control		9/1/19 tce
	his probation He wa-He was put on prob September. He dec probationHe did not get "lock on probationHis offenses (drug to on unsupervised time-His unsupervised time-His unsupervised time-When on unsupervistore and sit. When place, client #1 states where."	in April because he "broke" as still on probation. Pation last year around lined to state why he was on led up" the first time he was use) occurred while he was e. The had not been affected by		The Quaily Control will most and vencin venise all was uponion criticial	d sim	9/1/11

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
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ħ, i	was 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 position of the ha	valuation by physician. Client sed from jail and remained on on. He was expected to return ositive drug screen. He				
	reported resumption release. He was no abuse treatment. 6/12/19: ACTT standard test for that where the second since he resumption releases. He was no abuse to stop us several days but he dealer, and used consequences of a shared he had been second since he resumption.	on of cocaine abuse since his of participating in substance of and client #1 discussed his reek for his probation. Client hed he would pass but had or day. "Client explained he ing before the test, and had for e 'saw that boy,' meaning his Staff reviewed the possible a failed test with client. Client en told if he failed this test, his eturned home, he would get				
1 24 7 5	violated and stay in should serve his e probation." -7/12/19: Client #' reported he was of woman and got lost gotten home at 8:0 group home staff is laughed and said I -8/1/19: Client #1 crack cocaine 2 w -8/7/19: Client #1 use for "bout 2 we -ACTT documents client #1 from Jun follows:	reported he had been avoiding				

Division of Health Service Regulation STATE FORM

ZD2911

PRINTED: 08/29/2019 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING MHL098-077 08/21/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 112 Continued From page 12 V 112 Telephone interview on 8/20/19 client #1's quardian stated: -Overall she was not pleased with her father's care at the facility. Her father had been in a mental hospital for 1 year prior to his admission to the facility. He had a history of drug addiction and diagnosed with schizophrenia. After being in the facility for 1 year he began using drugs again. -When it was time to be discharged from the mental health hospital, they had trouble finding a place for her father. Her father suggested the provider; he had known him in the past. When she visited the facility some of the things the Not true, the Gordon Never called non visited Licensee/QP said "raised red flags." She had concerns after visiting the facility and seeing the other clients. She was concerned about the lack of structure and supervision, and her father's history of drug abuse. The Licensee/QP's responded to her concerns, "you know we cannot her Dod. She glos will Not lock them up. He is a grown man." -Since the initial admission, she had not been asked to sign anything at the facility for her father's care. She had not been included in facility treatment team meetings. The answer any calls from Licensee/QP had called her once or twice shortly after admission. The next communication was a call from the Licensee/QP telling her that her father had been arrested. She had already been the facility. notified by the ACTT prior to being contacted by the Licensee/QP. Client one told the suryon that his direptor Telephone interview on 8/16/19 the Probation/Parole Supervisor stated: -Client #1 was charged in October 2017 on drug

charges. He was convicted of the drug charges in

-1/24/19 client #1 had a court date for probation violation. He was ordered to enter a residential

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

July 2018 and placed on probation.

substance abuse treatment program.

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made a phone cal

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 Continued From page 13 custody until they get a bed in the residential treatment program. The time ordered was 90 days. -2/12/19 client #1 entered the residential substance abuse treatment program. He was returned from the program due to his mental health issues the next day. -Client #1 was in jail from 1/24/19 - 5/13/19. -When he was not able to go to the treatment program, he was ordered to be incarcerated. He was given some "credit" for the time he had been held, so he was not incarcerated for the full 90 days. Interview on 8/16/19 the ACTT staff stated: -The ACTT provided mental health services in the home or community, wherever they could find the client. They would see client #1 at the group home or the store down the street. -As part of their services, they linked their clients with other needed services, which could include primary care. -The Licensee/QP had never included the ACTT in treatment team meetings, goal setting, evaluating his progress toward goals, or to discuss his unsupervised time. -They collaborated with client #1's probation officer. They shared concerns that client #1 would not be able to stop abusing drugs in his current living situation with the lack of supervision in the community. Interview on 8/21/19 the Treatment Accountability for Safer Communities (TASC) staff stated: -She was the "link" between client #1's ACTT and his probation officer. -Client #1 must have a mental health/substance abuse provider for his probation. ACTT was already his provider at the time he was charged

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for drug possession/selling, and had continued as

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

MHL098-077 B. WING	/21/2019
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
410 WEST GARNER STREET	
THE WELLMAN CENTER 1 WILSON, NC 27893	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(VE)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 112 Continued From page 14 V 112	
his mental health/substance abuse provider. She found the ACTT to do a good job with client #1. -Client #1 had told her on more than one occasion he was supposed to be home by 9 pm but he was not compliant. -There was a certain gas station his probation officer had told him not to visit, but he was often there. It was at this location that client #1 made his contacts to obtain drugs. -The probation officer would oversee client #1's drug screens. Client #1 was required to have negative drug screens, but he had not gotten to that point yet. He went to jail because he failed his drug tests, which was a probation violation. -Typically a client on probation would have a future court date. At that time the judge would review drug test results and decide if the person on probation would serve jail time. -At the present time his probation officer and ACTT were focused on client#1's living situation. She was not directly involved in this. Voice mail messages were left on 8/16/19 and 8/21/19 for client #1's probation officer but he was in training and not available for interview. Interview on 8/15/19 the Licensee/QP stated: -During the daytime client #1 worked at a local convenience store. He was paid and loved to stay at this store. He was paid and loved to stay at this store. He was paid and loved to stay at this store. He was paid and loved to unsupervised time in the home and communityClient #1 did not have to sign in or out when using his unsupervised time. This was inclusive of unsupervised time in the home and communityClient #1 did not have to sign in or out when using his unsupervised time. He would tell staff when he was leavingClient #1 was the only client with legal issues. He was on probation for drug charges. He was arrested "about last December" for possession.	

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 V 112 | Continued From page 15 arrested at the store. He had spent maybe 90 days in jail. He went to court and was ordered to have drug testing and put on probation. He failed the drug test around January or February 2019. As a result he had to return to jail. He stayed in iail about 90 days, was released, and returned to the facility. -When asked if he was discharged during this time, the Licensee/QP first stated "yes," then changed his response and stated he "held his bed." When asked why he had not listed client #1 on the census form during his last annual survey, exit date 4/25/19, he stated he did not know. -"Unsupervised Time Assessment" dated 10/1/16 was the most recent assessment for client #1's unsupervised time. -When asked how often clients were re-assessed for unsupervised time, the Licensee/QP stated it was done "as needed" if the client had a change in health condition, or was non-compliant. -Client #1's unsupervised time had not changed. The unsupervised time was not changed following his arrest in 2017 or after his release from jail in 2019. -When asked if a client's history of substance abuse was considered when determining unsupervised time, the Licensee/QP stated it had never been an issue before. This deficiency is cross referenced into 10A NCAC 27G .0203 Competence of Qualified Professionals and Associate Professionals (V109) for a Type A1 and must be corrected within 23 days. V 291 V 291 27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 **OPERATIONS**

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(a) Capacity. A facility shall serve no more than

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	N OF CORRECTION	IDENTIFICATION NUMBER:		S:		E SURVEY IPLETED
		MHL098-077	B. WING		08/	21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
THE WE	LLMAN CENTER 1		GARNER NC 27893	STREET		
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	developmental disa on June 15, 2001, a than six clients at the provide services at licensed capacity. (b) Service Coording maintained between qualified professional treatment/habilitatio (c) Participation of the Responsible Person provided the opportunelationship with her means as visits to the facility. Reports annually to the pare legally responsible provided the pare l	clients have mental illness or bilities. Any facility licensed and providing services to more at time, may continue to no more than the facility's nation. Coordination shall be a the facility operator and the als who are responsible for n or case management. The Family or Legally a Each client shall be unity to maintain an ongoing or his family through such ne facility and visits outside shall be submitted at least nt of a minor resident, or the person of an adult resident.				
	conference and sha progress toward me (d) Program Activitic activity opportunities needs and the treatr Activities shall be de inclusion. Choices ror legal system is invafety issues become This Rule is not med Based on record rev facility failed to main the qualified profess for treatment/habilita 1 of 2 audited clients are:	writing or take the form of a ll focus on the client's eting individual goals. es. Each client shall have based on her/his choices, ment/habilitation plan. esigned to foster community may be limited when the court wolved or when health or se a primary concern. It as evidenced by: iews and interviews, the tain service coordination with ionals who are responsible stion or case management for se (client #1). The findings				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) V 291 V 291 Continued From page 17 -65 year old male admitted 8/4/16. -Diagnoses included schizophrenia, paranoid type; tobacco abuse; substance abuse: hypertension; Hepatitis C. -Social Security memorandum dated 9/29/16 documented the Licensee was chosen to be client #1's payee."Your payee will receive your payments each month and will use this money for your needs... We will begin sending your regular monthly check of \$1427.00 to your payee around October 3, 2016." Review on 8/15/19 of client #1's "QP (Qualified Professional) Monthly Summary Notes" for January, February, March, and April, 2019 revealed: -Each month the Licensee/QP documented client #1 met his goal to "... improve his mental health status by being compliant with all services involved with improving his quality of life..." -Each month the Licensee/QP documented client #1 met his goal and "Used his unsupervised time -No QP Monthly Summary Notes documented for May, June, or July 2019. Review on 8/16/19 of client #1's Community Health Center notes from 5/21/18 - 8/13/19 revealed: -5/21/18: This was client #1's first visit. He had a past medical history of Hepatitis C. Laboratory testing was ordered to confirm his Hepatitis C status. -10/25/18: Client #1 was brought in by the ACTT (Assertive Community Treatment Team) nurse and seen for chest congestion, coughing, runny nose (present for a week), possible fever, greenish color phlegm, and stomach pain (present for a week). -1/14/19: Client #1 seen to follow up his initial visit

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Team, two months ago, she
Never met with the Director
Non with her Father about 3 years. -There had been issues with the Licensee/QP not paying for medications and doctor visits a couple of times, even though the Licensee was client #1's payee. -Her father was seen by ACTT for case management. The ACTT staff kept her up to date on her father. She met with 2 staff about 1 month ago and discussed what was going on with her father. She was pleased with the ACTT. -She had talked with client #1 over the phone as recently as the prior week. In the conversation he seemed "pretty happy" about finding a place to live and leaving the facility. Interview on 8/21/19 the Treatment Accountability for Safer Communities (TASC) staff stated: -She was the "link" between client #1's ACTT and his probation officer. -Client #1 must have a mental health/substance abuse provider for his probation. ACTT was already his provider at the time he was charged

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-ACTT looked for providers of Hepatitis C treatment and found 2 resources in their county; the Health Department and the Community Health Center. The Community Health Center was the most cost effective option. To start the treatment client #1 needed to pay an outstanding

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
		MHL098-077	B. WING		08/:	21/2019
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY	STATE, ZIP CODE	1 00/2	
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THE WE	LLMAN CENTER 1		NC 27893			
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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	epatitis C infection. His owed active HCV (Hepatitis C ont #1 was to follow up in 2 - 3 HCV infection and completion paperwork. Prescribed oral tablets; 3 tablets daily for treat HCV.)				
	5/21/18 - 8/13/19 re -5/21/18: ACTT state his primary care approper center). Client #1 v -5/31/18: Psychiatris seen at the group he evaluation He abute per week. The potent threatening reaction abuses Cannabis or orders included flup 25 mg/ml (milligram 2 weeks. (Used to 1-6/5/18: "Therapist recommunityClient rediscontinue services [Licensee/QP] don't -10/25/18: "Talked whim aware the clinic needed client's finar client would be charbe allowed to go bac -12/14/18: Community was made for Hepat Client #1 reported cright -1/17/19: Client #1 rabuse and unable to participating in subside was agreeable to enterior contents	realed: ff accompanied client #1 to pointment (Community Health was "calm and cooperative." at documented, " [Client #1] is ome for his medication uses Cocaine one to two times antial for a serious life /death is reviewed. He is a weekly basis." Medication henazine decanoate injection s/milliliter), inject 1.5 ml every treat schizophrenia.) and with client while out in the eports that he would like to because you know tike ya'll'." with [Licensee/QP] and made (Community Health Center) incial information today or ged full price and would not ck until bill was paid." ity Health Center appointment titis C treatment on 1/14/19. Intinued cocaine abuse.				

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/21/2019 MHL098-077 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 291 Continued From page 19 V 291 court. His probation officer would recommend an inpatient treatment program. -5/14/19: "Staff called house manager, [Licensee/QP], prior to visiting. [Licensee/QP] stated that client no longer wanted ACTT services and stated not to come to the boarding house. [Licensee/QP] stated that client would be Chart stated to Divaden that he did not want to receiving injection at [another provider]." 5/15/19: ACTT staff, client #1, and Treatment Accountability for Safer Communities (TASC) staff met. "Client explained [Licensee/QP] "got into it with doctor" and didn't want client to have CONTINUE to be seen by ACTT, but client does want to continue with ACTT. TASC staff stressed to client that ACTT was very helpful to him being successful on probation." the ACTT team. -6/5/19: Psychiatrist documented, "[Client #1] is seen in the community for his medication The Directure arranged for for client one to began to evaluation." Client #1 had a follow up appointment in June 2019 for Hepatitis C treatment and was encouraged to attend. -6/6/19: "Met with client at home for injection... Client presented in an irritable mood. States that ACTT isn't suppose to be coming because see the mental Heath [Licensee/QP] doesn't want ACT.' -7/12/19: ACTT took client #1 to his pharmacist professionals at Monanh appointment and received Hepatitis C medications. ACTT reviewed information Mental Heath Contrar received from the pharmacist with the Licensee/QP. -8/1/19: Psychiatrist documented, "[Client #1] is Forrest Hill Rate in seen at the store for his medication evaluation. He reports feeling better now that he has started Wilson. This should have treatment for Hepatitis C... He reports a reduction in his Crack Cocaine abuse, noting he last

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the door at the facility.

abused Crack Cocaine two weeks ago."

-ACTT documented 8 unsuccessful attempts to see client #1 from June 2019 - August 2019. On

7/23/19, 7/31/19, and 8/13/19 no one answered

hear venified, by the surjon

but she failed to do 50.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

MHL098-077

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FORM APPROVED

(X3) DATE SURVEY COMPLETED

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THE WELLMAN CENTER 1

410 WEST GARNER STREET WILSON, NC 27893

	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		TAG V 291	CROSS-REFERENCED TO THE APPROPRIATE	
	payee, received \$1427.00/month starting 10/3/16.) This deficiency is cross referenced into 10A			

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 08/21/2019 MHL098-077 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **410 WEST GARNER STREET** THE WELLMAN CENTER 1 **WILSON, NC 27893** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 V 291 Continued From page 22 bill of \$67.75 (prior visit for a persistent cough) The Diverton has paid for Client med all those 9/1/V and an office visit fee of \$32.50. -They discussed with the Licensee/QP the need for treatment, and that client #1 had an outstanding bill that needed to be paid. Without payment his treatment continued to be delayed and client #1 was not able to begin treatment prior to his incarceration in February 2019. -When released from incarceration (May 2019) ACTT made another appointment on 6/25/19 for client #1 to pursue treatment. -In the process of working out the payment for treatment, it was identified client #1 did not have Medicare prescription benefit ("Part D"). ACTT contacted the manufacturer and was able to get approval for client #1 to receive the medication free of charge as part of the company's "special assistance program." -The Licensee/QP gave ACTT a check for \$90 on 6/25/19 to pay for client #1's outstanding bill and co-pay for that day. The Licensee/QP told them he was not giving any more money and they (ACTT) would have to "figure it out" for future treatment. -Client #1's next visit was scheduled for 8/20/19 and he would have a co-pay of \$32.50. ACTT case manager had discussed this with client #1 and the Licensee/QP. -As far as ACTT knows client #1 was receiving the medication daily. The medication was obtained from the Community Health Center pharmacy. -At the next visit he would have labs done to determine if the medication was effective. If he was not taking the medication as prescribed it may not be effective. "This is his only shot (for treatment) because it is very expensive and probably will not be provided again." Telephone interview on 8/21/19 the ACTT case

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