

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL098-077</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE WELLMAN CENTER 1</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 WEST GARNER STREET WILSON, NC 27893</b>
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V 000	INITIAL COMMENTS  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 category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000	<p>The surveyor report is arbitrary and capricious and not based on facts. Client #1 used his up-scheduled time to work part time doing odd job at the local construction store. He managed his time well and complied with the rules of unsupervised time. Later on Client became irritated and being out of compliance. When met with Quality Control Committee and Mr. Sebastian Muthammid the chairperson he said the something he told the surveyor, "I'm a grand man."</p> <p style="text-align: right;"><b>RECEIVED</b> <b>SEP 30 2019</b> DHSR-MH Licensure Sect</p>	
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A 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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision	V 109		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM 6899 ZD2911

*Randy Walker* 9/11/19

*Sebastian Muthammid* 9/11/19

Quality Control Committee

TITLE

(X6) DATE

If continuation sheet 1 of 25

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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	V 109	Disagree with this opinion by this suryon The QP is highly qualified  To address the systemic issue, the facility will hire a part-time QP to assist and be available when the full time QP is unavailable Assume the routine duties of the QP.	8/21/19

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V 109	<p>Continued From page 2</p> <p>illness. -The survey exit could be done with her. -She was not familiar with a Plan of Protection. -She would get the Licensee/QP on the phone. -Via the facility speaker phone, she informed the Licensee/QP of the surveyor's request for a Plan of Protection.</p> <p>Telephone (via facility speaker phone) interview on 8/21/19 the Licensee/QP stated: -He had given client #1 a discharge notice. -"If probation and the Mental Health Center can't keep him [client #1] off the street, how the Hell can I?" -"Those white folks don't give a damn." Comments were made about "them" drinking coffee at a national coffee shop and "doing whatever they do." Repeated statement, "they don't care," several times. -Stated that client #1 would "wind up" like a former client, "dead in the street." -He gave a directive to the LPN to give a copy of client #1's discharge notice as the Plan of Protection and to "get them out of there." -Licensee/QP ended the call abruptly.</p> <p>Review on 8/21/19 of the Plan of Protection dated 8/21/19 and signed by the LPN revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care, 8-20-19 To: Guardian of [client #1] This is a thirty-day notice to [client #1], ending his residency at the Wellman Center because of his continuous failure to comply with the Wellman Center policies. [Client #1] has been counseled and warned several times about his violations that include: 1. The use of illegal drugs 2. Leaving the residence without signing out,</p>	V 109	<p>Will continue to work 9/18/19 with the facility Quality Assurance team, comprised of the CEO part time QP Office Manager, and Admission team member.</p> <p>This team will self audit all facility records on a quarterly bases to ensure DHR rules</p> <p>Client 1 discharged to 9/18/19 the care of Eastpointe He still at local Hotel and still at the store as always</p>	
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V 109	<p>Continued From page 3</p> <p>informing anyone and not returning until the next day 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.</p> <p>Client #1 was admitted to the facility on 8/15/16 following a 12 month stay in a mental health hospital where he was treated for schizophrenia and drug abuse. His expressed needs for residential services on admission were to have a 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 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 unsupervised time without a reassessment or change. The Licensee/QP continued 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 Team) staff that he used illegal drugs (crack cocaine) while on unsupervised time before and following his incarceration in 2019 and exceeded his approved unsupervised time. On 6/25/19 the primary care provider documented burns to client #1's nose from recent crack cocaine use. On the recommendation of the ACTT Psychiatrist, the</p>	V 109	<p>Several efforts had been made to get client into drug treatment programs and NA/AA classes at the facility.</p> <p>Mr Wellman and the Act team doctor had a disagreement with them making appointments without even consulting the facility.</p> <p>Client had been treated by a black doctor at Nash Street Health Care, without informing facility the ACT Team moved his care to a white doctor. ON Green Street Health Care</p>	
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V 291	<p>Continued From page 16</p> <p>six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.</p> <p>(b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.</p> <p>(c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals.</p> <p>(d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: 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). The findings are:</p> <p>Review on 8/15/19 of client #1's record revealed:</p>	V 291	<p>To address the issues <del>of</del> that led to this opinion the facility will:</p> <p>① Reuse the relevant unsupervised time policy and procedures to ensure that it is easily understood and enforced by staff.</p> <p>Retrain staff in the policy implementation.</p> <p>Initiate a disciplinary process whereby clients who fails to meet the rules, Discharge procedures will begin to take place</p>	8/11/19
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V 291	<p>Continued From page 17</p> <p>-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."</p> <p>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 wisely." -No QP Monthly Summary Notes documented for May, June, or July 2019.</p> <p>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</p>	V 291		