STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL098-109	B. WING		09/23/2021	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
VELLMAN	I CENTER 4		GARNER ST. I, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa 23, 2021. Deficiencie	s completed on September es were cited.				
		ed for the following service C 27G .5600A Supervised Mental Illness.				
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114			
	 AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that 	7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted simulate fire emergencies. have basic first aid supplies				
	facility failed to have	as evidenced by: ews and interviews the fire and disaster drills held at epeated on each shift. The				
	2020 thru September -Fire and disaster dri	of facility record from August r 2021 revealed: Il log book documented the nift, 3p-11p 2nd shift and				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL098-109	B. WING		09/23/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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V 114	 No fire drills docume August 2020 thru Seg No disaster drills do August 2020 thru Seg Only two disaster dril During interview on 0 #3 revealed: They completed fire not know how often the During interview on 0 Practical Nurse reveation The License could no due to not feeling we 	ented for 3rd shift from otember 2021. cumented for 3rd shift from otember 2021. Ils documented for the year. 9/23/21 clients #1, #2 and and disaster drills but did ney were completed. 9/23/21 the Licensed aled: ot be available for the exit I. Licensee the information	V 114			
V 536	Int. 10A NCAC 27E .0107 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im practices that empha to restrictive intervent (b) Prior to providing disabilities, staff inclu employees, students demonstrate compete completing training in other strategies for cr which the likelihood co or injury to a person w property damage is p (c) Provider agencies based on state comp	RESTRICTIVE plement policies and size the use of alternatives tions. services to people with ding service providers, or volunteers, shall ence by successfully communication skills and reating an environment in of imminent danger of abuse with disabilities or others or	V 536			

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-109			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL098-109	B. WING		09	/23/2021
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			NC 27893			
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V 536	Continued From page	e 2	V 536			
	gathered.					
	•	be competency-based,				
	include measurable le					
		written and by observation of				
		pjectives and measurable				
		e passing or failing the				
	course.	pacong of family the				
		training must be completed				
		der periodically (minimum				
	annually).					
	(f) Content of the trai	ining that the service				
		nploy must be approved by				
	the Division of MH/DI	D/SAS pursuant to				
	Paragraph (g) of this	Rule.				
	(g) Staff shall demon	strate competence in the				
	following core areas:					
	(1) knowledge people being served;	and understanding of the				
	behavior;	and interpreting human				
	external stressors that	the effect of internal and at may affect people with				
	disabilities;					
		or building positive				
	relationships with per	sons with disabilities; cultural, environmental and				
		s that may affect people with				
	disabilities;	anat may anect people with				
		the importance of and				
		n's involvement in making				
	decisions about their	•				
		essing individual risk for				
	escalating behavior;	J				
		tion strategies for defusing				
		tentially dangerous behavior;				
	and					
		navioral supports (providing				
		h disabilities to choose				
	activities which direct					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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V 536	behaviors which are i (h) Service providers documentation of init at least three years. (1) Documenta (A) who particip outcomes (pass/fail); (B) when and w (C) instructor's (2) The Divisio review/request this du (i) Instructor Qualific Requirements: (1) Trainers sh by scoring 100% on t aimed at preventing, need for restrictive in (2) Trainers sh by scoring a passing instructor training pro (3) The training competency-based, i objectives, measurable observation of behav measurable methods failing the course. (4) The conten service provider plan approved by the Divis to Subparagraph (i)(5 (5) Acceptable shall include but are i (A) understandi (B) methods fo course; (C) methods fo	unsafe). a shall maintain ial and refresher training for tion shall include: bated in the training and the where they attended; and name; n of MH/DD/SAS may ocumentation at any time. ations and Training all demonstrate competence esting in a training program reducing and eliminating the terventions. all demonstrate competence grade on testing in an gram. g shall be nclude measurable learning ble testing (written and by ior) on those objectives and to determine passing or t of the instructor training the s to employ shall be sion of MH/DD/SAS pursuant	V 536			

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMENT	of Health Service Regu r of Deficiencies Of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
Imited of Provider on Supplier STREET ADDRESS, CITY, STATE, ZIP CODE VELLMAN CENTER 4 406 W. GARNER ST. WILSON, NC 27893 VAILD PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BERECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BERECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION BHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 0 00000000000000000000000000000000000							
Mail Summary Statement of Deficiencies (MA) ID CROM DEFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSCIDENTIFYING INFORMATION) PREFIX TAG PROVIDENS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COM DEFICIENCY V 536 Continued From page 4 V 536 V 537 Continued From page 4. V 536 I teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once time, with positive review by the coach. V 536 (7) Trainers shall teach at training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. Service providers shall maintain documentation of initial and refersher instructor training at least every two years. (1) Documentation of initial and refersher instructor training of at least three years. (2) The Division of MH/DD/SAS may request and review this documentation any time. (2) Oraches shall meet all preparation requirements as a trainer. (2) Coaches shall meet all preparation requirements as a trainer. (3) Coaches shall dech at least three times the course which is being coached. (3) Coaches shall dech at least three times the course which is being coached.	MHL098-109		B. WING		09	/23/2021	
VELLAN CENTER 4 WILSON, NC 27893 (41) D PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST REPRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFX TAG PROVIDERS PLAN OF CORRECTIVE ACTORS HOULD DE (EACH DEFICIENCY MIST REPRECEDED BY FULL TAG D PREFX PREFX TAG PROVIDERS PLAN OF CORRECTIVE ACTORS HOULD DE (EACH DEFICIENCY MIST DEFICIENCY) 0 V 536 Continued From page 4 V 536 V 536 (aching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. V 536 (7) Trainers shall complete a refresher instructor training at least once annually. Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fall); (B) when and where attended; and (C) instructor's name. (2) (2) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall meet all preparation requirements as trainer. (2) Coaches shall teech at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or	IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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(I) Documentation shall be the same preparation as for trainers.		reducing and elimination interventions at least review by the coach. (7) Trainers shat aimed at preventing, need for restrictive intra annually. (8) Trainers shat instructor training at least (j) Service providers documentation of initi- training for at least th (1) Docume (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Division request and review th (k) Qualifications of ((1) Coaches shat requirements as a tra (2) Coaches shat the course which is b (3) Coaches shat competence by comp train-the-trainer instru- (I) Documentation sha as for trainers.	ting the need for restrictive one time, with positive all teach a training program reducing and eliminating the terventions at least once all complete a refresher east every two years. shall maintain ial and refresher instructor ree years. entation shall include: bated in the training and the where attended; and name. n of MH/DD/SAS may his documentation any time. Coaches: hall meet all preparation hiner. hall teach at least three times eing coached. hall demonstrate bletion of coaching or luction. hall be the same preparation				

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V 536	facility failed to ensur Manager and the Lice Professional) receive alternatives to restrict findings are: Review on 9/22/21 of - Hire date 7/02/07. - Title of Direct Care - No current training interventions. Review on 9/22/21 of revealed: - Hire date 7/01/07. - No current training interventions. Review on 9/22/21 of Professional's record - Hire date 1/01/07. - No current training interventions. Review on 9/22/21 of Professional's record - Hire date 1/01/07. - No current training interventions. During interview on 9 Licensee/Qualified Pl -Some of the staff tra because the training because of the virus. 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	e 3 of 3 staff (#1, the Office ensee/Qualified d annual training updates in tive interventions. The f staff #1 record revealed: Staff. n alternatives to restrictive f the Office Manager's record n alternatives to restrictive f the Licensee/Qualified revealed: n alternatives to restrictive /22/21 the rofessional revealed: ining "may be behind lady won't come out " and Grounds Maintenance 3 LOCATION AND EMENTS	V 536			

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	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 09/23/2021	
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V 736	Continued From page	€6	V 736			
	failed to maintain the	as evidenced by: n and interview the Licensee facility in a safe, clean n offensive odors. The				
	findings are: Observation on 9/22/:					
	11:30am of the facility - Sour odor throughou - The carpet throughou stained.	/ revealed: ut the facility. out the facility was heavily				
	brown stains consiste - A smoke detector be - The shower curtain	the facility sagged and had ent with water damage. eeped at regular intervals. in the hall bathroom was consistent with mildew				
	- A soft spot under the hallway and the kitch - Large rotted areas in	e floor covering between the en. n the roof of the back porch. est over the door on the				
	a large water spot.	ing in the den area and had chen had a water spot.				
		ofessional stated: cility needed updates.				
	- I he maintenance pe had moved to anothe	rson he had used for years r state.				