STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL098-110	A. BUILDING: _____ B. WING _____	R 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLMAN CENTER 3	408 W GARNER STREET WILSON, NC 27893

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 13, 2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 5 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.	V 114		

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V 114	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have disaster drills held at least quarterly and repeated on each shift. The findings are: Review on 03/12/25 of facility records from April 2024 thru March 2025 revealed: - No disaster drills documented during the 2nd shift (7pm to 7am) for the 2nd , 3rd and 4th quarters of 2024. During interview on 03/1325 client #1, client #4 and client #5 revealed they completed fire and disaster drills. During interview on 03/13/25 the Licensee/Qualified Professional revealed: -He would completed the disaster drills monthly on each shift. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in	V 290		

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V 290	Continued From page 2 the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the home and community for three of three audited clients (#1,	V 290		

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V 290	Continued From page 3 #4 and #5). The findings are: Finding 1 Review on 03/13/25 of client #1's record revealed: -Admission date of 07/10/15. -Diagnoses of Schizophrenia, Tremor and Type 2 Diabetes. -"Unsupervised Time Assessment" completed 01/20/20. -Treatment Plan indicated "Up to 8 hours per day" of unsupervised time. -No current assessment to determine client #1's ability to remain in the community or the home without staff supervision. Finding 2 Review on 03/12/25 of client #4's record revealed: -Admission date of 10/01/23. -Diagnoses of Bipolar Disorder, Hypertension, Schizophrenia and Diabetes. -"Unsupervised Time Assessment" completed 10/01/23. -Treatment plan indicated "up to 8 hours per day" of unsupervised time. - No current assessment to determine client #4's ability to remain in the community or the home without staff supervision. Finding 3 Review on 03/12/25 of client #5's record revealed: - Admission date of 04/03/15. - Diagnoses of Schizophrenia, Cerebral Palsy, Spinal Stenosis, Behavior Disorder and Legally Blind. - "Unsupervised Time Assessment" completed 01/20/20. - Treatment plan dated 04/01/24.	V 290		

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V 290	Continued From page 4 - Treatment plan indicated "up to 8 hours per day" of unsupervised time. - No current assessment to determine client #5's ability to remain in the community or the home without staff supervision. Interview on 03/12/25 and 03/13/25 the Qualified Professional/Licensee stated: - The clients had various amounts of unsupervised time during the day. - He included the unsupervised time in the treatment plans. - He did not complete a yearly assessment to determine if a client was able to be unsupervised in the home or community. - He would reassess clients for unsupervised time if there was a change in the health or mental status. - He would reassess the clients yearly for unsupervised time and include primary care provider input. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Baaed on observation and interview the facility failed to ensure the home was maintained in a clean and attractive manner. The findings are:	V 736		

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V 736	Continued From page 5 Observation on 03/13/25 at approximately 10:30am of the facility revealed: -The living room area had a brown and black substance on the carpet at the entrance. -Client #2's bedroom had dirt and debris on the bedroom floor. -Client #3's bedroom had a musky smell. -Client #1's bedroom the wood under the window to the right of his bed was rotted from the one length of the window to the other. -The hall bathroom the tile around the sink was missing and the mirror in the bathroom had fallen in the frame and was not attached to the inside of the frame only exposing half of the mirror and 2 light bulbs were not working in the light fixture. -The counter top in the kitchen was not attached and if you leaned on the countertop it would shift and move. The Licensee/Qualified Professional revealed he had been making repairs in the home and he would fix the repairs that were needed.	V 736		