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 MHL011-080 01/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 PETE LUTHER COVE ROAD FIRST STEP FARM-WOMEN CANDLER, NC 28715 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on January 10, 2019. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Disorders. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION **DHSR** - Mental Health REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall FFB 0 8 2019 only be administered to a client on the written order of a person authorized by law to prescribe Lic. & Cert. Section (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse. pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name: (B) name, strength, and quantity of the drug; (C) instructions for administering the drug: (D) date and time the drug is administered; and (E) name or initials of person administering the (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation

Division of Health Service Regulation

with a physician.

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

TITLE

(X6) DATE

(X6) DATE

(X7) DATE

(X7) DATE

(X8) DATE

(X8) DATE

(X8) DATE

(X8) DATE

(X8) DATE

(X8) DATE

(X9) DATE

6899

QSKB11

If continuation sheet 1 of 3

_	Division of Health Service Regulation							
		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			MHL011-080	B. WING			R 1 0/2019	
	NAME OF PROVIDER OR SUPPLIER STREET AD		DRESS, CITY, STATE, ZIP CODE					
FIRST STEP FARM-WOMEN 200 PETE LUTHER COVE ROAD CANDLER, NC 28715								
	(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE		
		This Rule is not me Based on observation interviews the facility were administered a ensure all medication ordered by a person prescribe drugs for 1 The findings are: Observation on 1/9/1 medications for Clier -Narcan nasal rescu 6/26/18. -No Gabapentin avail Record review on 1/8-Admitted on 8/8/18 Disorder, Amphetam unspecified Depress Post-Traumatic Stress-Physician's order da 300mg, 1 at bedtime discontinue Gabaptourse of the survey-No physician's order obtthe survey dated 1/9/1 Interview on 1/9/19 we-She had never been gone to the doctor widoctor prescribed Ganever started the medical survey dated 1/9/1 of the survey dated 1/9/1	t as evidenced by: ons, record review, and of failed to ensure medications is ordered and failed to ons administered were authorized by law to of 3 audited clients (#1). 19 at 12:23PM of the of #1 revealed: with 4mg, dispensed on Ilable. 19/19 for Client #1 revealed: with diagnoses of Opioid Use ine Use Disorder, ion Disorder, and is Disorder. Ited 9/6/18 for Gabapentin In No physician's order to apentin. Physician's order of pentin obtained during the dated 1/9/19. If or the Narcan rescue kit. In ained during the course of of 19. In the Client #1 revealed: In the Client #1 revealed: In the program and the bapentin for sleep. She dication. She indicated that	V 118	Resident presented with Narcan-this was not indicated MD order. The medication was kept in locked stroage at the office- FSF never administered this medication. Refe physician at JFKADATC was notified and sent a med or 1/9/2019. (Corrective action completed) Resident additionally went to medical appointment at V 9/6/2018 at which time she reported difficulty with sleep prescribed Gabapentin, upon return to facility resident v by staff that this medication is not on our facilities appromedication list. The prescribing MD @ WNCCHS was no by both staff (noted on progress note dated 9/7) and re repoerted she notified WNCCHS-in order to request a st WNCCHS did not send stop order. Resident was inform FSF medication policy, agreed not to take this medication prescription was never filled, and resident did not take this medication. Program Director notified WNCCHS on 1/9 2019 and a stop order was recieved (corrective action completed 1/9/2019. In order to prevent this problem from occuring again, me be taken and put into place as follows: Upon resident ad Staff will review medications, as well as orders and ensur orders are provided. If they are not-staff will notify the refacility and have the med order sent to this facility. Resid made aware (during the pre-screeing/pre-admission pro as to our policies regarding medications that are/are not and are made aware that any medication thanges require physicians orders. At medical appointments, residents are to provide their physicians with a medication update form that physicians complete this form(inc. any changes in m dosages start and stop dates). FSF staff will check with rupon return from medical appointments and check to see medication changes are reported and that the medicatior form has been completed. The Program Director will confit staff (Resident Manager, up or not staff members employment/fic.) and the medication changes are reported and the word of the physicians or decreased and the program of the program of the program of the program of the physicians wi	WNCCHS on and was was informed byed otified sident also op order, ned as to in. This	01/15/2019	
		the program only war						

PRINTED: 01/28/2019 **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: MHL011-080 B. WING _ 01/10/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 PETE LUTHER COVE ROAD FIRST STEP FARM-WOMEN CANDLER, NC 28715 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 2 V 118 Gabapentin for neurological reasons. -She had a short term issue with sleep initially when she was admitted. -She was not having any sleep issues now. Interview on 1/10/19 with the Director/Qualified Professional revealed: -The program did not accept Gabapentin as a medication due to the potential for abuse. -Client #1 had a medical appointment and received a prescription. The manager advised her that Gabapentin was not accepted as a medication to use for anything other than something like neuropathy. Client #1 did not fill the prescription. -The manager contacted the prescriber and requested an order to discontinue the Gabapentin, however, the prescriber failed to send that order. -Narcan was indicated on the discharge paperwork from the detox program that Client #1 had completed prior to admission. The physician, however, had not signed the order.