STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 000	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 2/9/22. The complaint was substantiated (#NC00183060). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. The survey sample consisted of audits of 10 current clients.	V 000		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) 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	V 110	RECEIVED MAR 11 2022 DHSR-MH Licensure Sect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 110	Continued From page 1 (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 audited paraprofessionals (Staff #1) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Review on 2/2/22 of Client's #1's record revealed: -admitted on 7/15/21 -diagnoses of Stimulant Use Disorder (d/o), severe; Cannabis Use d/o, severe; Post Traumatic Stress d/o. Review on 2/2/22 of Client #2's record revealed: -admitted on 8/27/21 -diagnoses of Opioid Use Disorder (d/o), severe; Anxiety Interview on 2/4/22 with Client #1 revealed: -during his first four months of treatment, Staff #1 used foul language directed to him and other clients and threatened unwarranted discharge -he spoke with Staff #1 directly 2-3 months ago and Staff #1 apologized -there were group meetings with the Program Director (PD) "to air issues" -he liked that staff were available when needed -negative behavior by Staff #1 "has reduced	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 110	Continued From page 2 greatly in the last 2 months." Interview on 2/4/22 with Client #2 revealed: -he gets along with Staff #1 but some clients don't like Staff #1 -regarding Staff #1, "think he is supposed to be more of the bad guy ...tougher ...not sure if he is supposed to be tougher" -he had not observed foul language or threats of discharge from Staff #1 towards clients. Interviews on 2/2/22, 2/4/22 and 2/7/22 with Client #3, Client #7, Client #8, and Client #9 revealed: -they had not been subject to or observed foul language or threats of discharge by Staff #1 -no concerns about care "it's really good ...it depends on what you make it." Review on 2/3/22 of Staff #1's personnel record revealed: -hired 8/1/20 -hired as a paraprofessional -position was Resident Manager. Interview on 2/2/22 and 2/9/22 with Staff #1 revealed: -he lived on site and worked Tuesday to Friday and every other weekend -there were times he's been a "little heated" when interacting with clients -clients raised their voice and he raised his voice; "client wants to be heard but don't always want to listen" -after he "cooled down" and clients cooled down, he apologized and worked on resolving the issue -he received supervision from the PD and asked for feedback about working clients -if he thought a situation with a client was urgent, the PD was always available to call.	V 110		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 110	Continued From page 3 Review on 2/3/22 of the Program Director's personnel record revealed: -hired on 9/1/03 -credentialed as a Licensed Clinical Addictions Specialist, Licensed Clinical Mental Health Counselor and Certified Clinical Supervisor. Interviews on 2/2/22 and 2/9/22 with the PD revealed: -he clinically supervised staff -this was the first complaint made about the program -he has not received complaints about Staff #1 from clients -if it's a long day, there may be a "tone" in staff's voice but not inappropriate -clients have avenue to share concerns by talking to staff, groups, community group, and morning meetings.	V 110		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (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	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 4 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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews, interviews and observations, the facility failed to ensure that medications were administered to clients only on the written order of a physician and that medications were recorded immediately after administration affecting 10 of 10 audited clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). The findings are: Cross Reference: 10A NCAC 27G .0209 (e) Medication Storage (V120). Based on observations and interviews, the facility failed to ensure medications were stored in a secure manner affecting 7 of 10 audited current clients (Clients #4, #5, #6, #7, #8, #9, #10). Review on 2/2/22 of Client #1's record revealed: -admitted on 7/15/21	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 5 -diagnoses of Stimulant Use Disorder (d/o), severe; Cannabis Use d/o, severe; Post Traumatic Stress d/o -Prescribed medications included: -Sertraline (depression) 100 milligram (mg) one tablet daily at 8am ordered 10/12/21 -Meloxicam (inflammation) 15mg one tablet daily ordered 11/22/21. Review on 2/2/21 of Client #1's MAR dated 1/1/22-1/31/22 2022 revealed: -there were no initials on 1/9/22 for Sertraline 100mg indicating that the medication had been administered -there were no initials on 1/8/22 and 1/9/22 for the Meloxicam 15mg indicating that the medication had been administered -there was no explanation on the MAR for the missed doses. Review on 2/4/22 and 2/7/22 of Client #5's record revealed: -admitted on 6/1/21 -diagnoses of Alcohol Use d/o, severe; Anxiety, Hypertension, Gastroesophageal Reflux Disease (GERD) -Prescribed medications included: -Hydroxyzine (anxiety) 25mg one tablet every 4 hours (as needed) PRN ordered 8/12/21. Review on 2/4/22 of Client #5's MARs dated 12/1/21-2/4/22 revealed: -Hydroxyzine 25mg take one capsule was written as one tablet every 8 hours PRN and not every 4 hours PRN as ordered by the physician -there was a discrepancy in dosing frequency for Hydroxyzine 25mg between the MAR and the physician's order. Observation at 1:49pm on 2/4/22 of Client #5's	V 118 V118 V118	PD interviewed Clt#1 discovering he had forgotten to initial but had taken his medication Sertraline and Meloxicam as prescribed; MAR corrected with note PD and Resident Manager worked to contact the prescribing physician to clarify discrepancy in between physician order and label on prescription bottle for clt#5; Dale Fell Health Center, C. Ward PA clarified Hydroxyzine 25mg i q 8hrs prn is correct order; MAR did not need correcting; resident has only ever taken two capsules daily	2/10/2022 03/04/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 6 medication bottles revealed: -the medication bottle for Hydroxyzine 25mg was labeled as one tablet every 8 hours PRN and not every 4 hours PRN as ordered -there was a discrepancy in dosing frequency for Hydroxyzine 25mg between the administration instructions on the label and the physician's order. Review on 2/7/22 of Client #8's record revealed: -admitted on 9/21/21 -diagnoses of Opioid Use d/o, severe; Sedative Use d/o, severe; Opioid Induced Mood d/o, depressive/anxiety type; Hypertension -Prescribed medications included: -Escitalopram (depression) 20mg one tablet at bedtime (qhs) ordered 8/18/21. Review on 2/4/22 of Client #8's MARs dated 12/1/21-1/31/22 revealed: -there were no initials 12/27/21-12/30/21 or 1/31/22 indicating that Escitalopram 20mg was administered -there was no explanation on the MAR for the missed medications. Review on 2/4/22 of Client #9's record revealed: -admitted on 11/15/21 -diagnoses of Stimulant Use d/o, severe; Cannabis Use d/o, severe; Sedative Use d/o, severe; Stimulant Use Mood d/o, Insomnia -a physician statement that he was capable of self-administering medication -Prescribed medications included: -Cymbalta (depression) 60mg one capsule daily ordered 10/28/21. Review on 2/4/22 of Client #9's MARs dated 12/1/21-24/22 revealed: -Cymbalta 60mg one capsule daily.	V 118 V118 V118	PD interview clt# 8 and reviewed documentation of resident's therapeutic leave discovering he had extended his therapeutic leave to care for sick family member but had not had additional medications to cover for this period; corrections were made on clt's MAR to reflect missed dosages and incident report filled out PD and Resident Manager worked to contact the prescribing physician to clarify discrepancy in between physician order and label on prescription bottle for clt# 9; Burke Integrated Healthcare S. Golden-Myers NP for correct order; multiple prior attempts were made with no return call; appointment made with C. Ward PA-C @ DFHC on 01/14/22; new order was acquired for Cymbalta 60mg i qd; MAR did not need correcting; resident has only ever taken one capsule daily; reverified by phone with DFHC on 02/10/2022, then by physician order on 02/25/2022; incident report and Mar note made	02/09/2022 02/25/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 7 Observation at 1:43pm on 2/4/22 of Client #9's medication revealed: -administration instructions on the Cymbalta bottle were one capsule BID. Review on 2/4/22 and 2/7/22 of Client #10's record revealed: -admitted on 11/15/21 -diagnoses of Stimulant Use d/o, severe; Opioid use d/o, severe; Stimulant Use Mood d/o, depressive type, Insomnia -Prescribed medications ordered 11/1/21 included: -Citalopram (mood) 20mg 1.5 tablets daily -Trazadone (sleep) 150mg one tablet qhs Review on 2/4/22 of Client #10's MAR dated 1/1/22-1/31/22 revealed: -there were no initials on 1/3/22 for the Citalopram and Trazadone indicating that the medications were administered -there was no explanation on the MAR for the missed medications. Interview on 2/2/22 with Client #1 revealed: -he took Meloxicam and one other pill but couldn't remember the name of it -he has PRNs for anxiety and heartburn but had not taken those in a long time. Interview on 2/4/21 with Client #5 revealed: -he took his morning medications "right away" after he picked it up from the staff office and took Remeron at night -he had not forgotten to take his medication but "guesses" he would let staff know if he did; he was not sure if he had to turn in forgotten medication to staff.	V 118		
		V118	PD interviewed Clt#10 discovering he had forgotten to initial but had taken his medication Citalopram, Buspar and Trazodone as prescribed on 01/03/2022; MAR corrected with note	02/10/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 8 Interview on 2/7/22 with Client #8 revealed: -he took Lexapro (Escitalopram) in the morning and Hydrochlorothiazide in the evening -he was "good" about taking his medication as prescribed; he was prescribed the Hydrochlorothiazide just last week -if he forgot to take his medication he would tell either the Program Director (PD) or Resident Manager (RM). Interview on 2/4/22 with Client #9 revealed: -he took one Cymbalta capsule in the morning -he sometimes forgot to take his Cymbalta in the morning, he puts it in his pocket when he gets it -if he forgot to take it in the morning, he took it at lunch. Interview on 2/4/22 with Client #10 revealed: -he took Citalopram in the morning for depression, Trazadone for sleep and Buspar for anxiety -he has forgotten to take his medication "once in a blue moon" -he didn't know what he was supposed to do if he forgot to take his medication -he forgot to take his Trazadone once and gave it back to staff. Interviews on 2/4/22 and 2/9/22 with the PD revealed: -blanks on the MAR may result from a client who forgot to initial for a week day or forgot to initial for all three days of the weekend when they picked up their weekend medications on Friday -a client may miss picking up their medications in the morning because they forgot or if they were sick; staff brought the medication to the client if they were sick -the physician's order for Client #5 had the correct dosing frequency for Hydroxyzine 25mg	V 118	The following are the corrective and preventative measures put into place to address 27G .0209 (C): FSF staff will ascertain resident is knowledgeable of, can identify each medication and understand administrative directions for each medication resident is acquiring how often: upon admission, then weekly Monitors: Resident Manager, Kitchen Manager and Program Director FSF staff will increase supervision of resident's self-administration and proper documentation (initialing) of MAR's Monday thru Fridays at 8am when residents are acquiring daily, weekend or therapeutic pass medications assuring all days are properly accounted for and documented on the resident's MAR how often: weekdays Monday thru Friday Monitors: Resident Manager, Kitchen Manager and Program Director FSF staff will immediately begin working with resident consumers who are taking extended passes, more than two days; to have resident count (in presence of FSF staff) quantities and verify each prescription, consistent with that resident's Physician's order and Medication Administration Record (MAR), prior to the resident's departure on extended passes. Resident consumers will then take their prescription bottle(s) with them on pass to minimize any possible confusions as to the medication being taken or the administrative directions for taking said medication or if their extended pass is extended so medications will be available to resident. Upon arrival back at FSF from extended passes FSF staff will immediately work with the returning resident to count quantity and verify each prescription, consistent with that resident's Physician's order and Medication Administration Record (MAR), to assure resident has followed the Physician's order and Medication Administration Record (MAR) in their medication self-administration during their pass	02/09/2022 02/09/2022 02/09/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 9 which was how Client #5 had been taking it; he will follow up with pharmacy/doctor's office to have it corrected -Client #9 had been following the most recent physician's order and took Cymbalta 60mg one capsule daily and had been taking it once daily since he was admitted; the PD will follow up with the pharmacy about the most recent physician's order and discrepancy in the label on the Cymbalta bottle -the facility promoted self-determination and helped clients in learning to manage medications by taking them as prescribed, keeping up with them and calling the physician's office for refills. Interview on 2/2/22 and 2/4/22 with Staff #1 revealed: -if a client missed a dose of medication, staff called the pharmacy for instruction on what to do with the missed dose -it's a medication error if a client does not initial the MAR -blanks on the MAR could be if a client forgot to get their medication or forgot to sign -if a client did not pick up meds, he checked on the client -if a client refused a medication and he couldn't get hold of the physician, he would call the pharmacist to determine what to do -"we were supposed to document it ... have been kind of slack with it" -"no way to know" if a client is taking their medication but he can tell by client's behaviors; he asked clients if they had taken their medications -staff encouraged clients to be more self-sufficient regarding their medications. Due to the failure to accurately document medication administration it could not be	V 118	(continued from page 9); how often: whenever these situations arise Monitors: Resident Manager, Kitchen Manager and Program Director FSF staff will work with residents who have missed, made error in self-administration or refused medications to ascertain whether the resident can safely begin taking or stop taking said medication by contacting their physician' s office or Carolina Mountain Pharmacy and Jared Mattson, Pharm.D.; following directions of physician or pharmacist, completing an incident report and documenting all actions on MAR for that medication how often: whenever these situations arise Monitors: Resident Manager, Kitchen Manager and Program Director If a resident has three or more incidents of irregularities with self-administration (refusal, missed, loss, error or improper storage) a therapeutic intervention will be facilitated by staff, as stated in previous paragraph; staff will then work with that resident to monitor daily self-administration until clinically certain resident can self-administer their medications properly and pursuant to FSF policy and procedures; during this time the resident will have to remain on FSF property without permission to take weekend or therapeutic leave, acquiring their medications daily from staff; continued inability to self-administer medications properly will require resident to be seen by a NC Licensed Physician to determine if resident has capacity to self-administer and could ultimately lead to discharge of resident how often: whenever these situations arise, could require daily staff intervention Monitors: Resident Manager, Kitchen Manager and Program Director	02/16/2022 02/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 10 determined if clients received their medication as ordered by the physician. Review on 2/4/22 of the Plan of Protection (POP) dated 2/4/22 written by the PD revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Program Director will immediately work with current residents to obtain all medications taken by residents for weekend of Saturday 2/5/22 and Sunday 2/6/22; have residents return these medications to their correct prescription bottles under the direct supervision of the Program Director; On Saturday 2/5/22 Program Director will supervise the resident's acquiring their daily medications for resident self-administration on Saturday 2/5/22 at 8am. On Sunday 2/6/22 Program Director will supervise the resident's acquiring their daily medications for resident self-administration for Sunday 2/6/22 at 8:00am. Program Staff [Staff #1] will provide the two residents without or with broken medication lock boxes a new medication lock box with key for security of these resident's medications. Describe your plans to make sure the above happens. At 17:00hrs on 2/4/2022 Program Director and Resident Manager began gathering weekend medications, working with each resident who had acquired their medications for the weekend. Medications were counted to assure proper dosages had been already taken for Friday 2/4/2022, and proper quantities were present for medications not taken.	V 118	(continued from page 10); FSF staff will improve documentation of irregularities or problems with medications by updating MAR's to better key specific actions, irregularities or problems with resident's self-administration of medications and physician's orders with accompanying documentation notes and incident reports where applicable how often: whenever these situations arise, with daily and weekly checks Monitors: Resident Manager, Kitchen Manager and Program Director (see attachment #: 1, MAR, updated 02/23/2022) FSF staff will review documentation in the Medication Self-Administration Notebook to ascertain any irregularities between physician orders and prescription bottles directions, facilitating case management with prescribing physician's office to clarify irregularities, documenting these discrepancies found, efforts to correct and education of resident how often: weekly Monitors: Resident Manager, Kitchen Manager and Program Director All corrective actions will be supervised by Program Directors and Executive Director	02/23/2022 02/10/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 11 Resident Manager provided secure medication lock boxes (2/4/22) to the two residents lacking, educating these residents on proper usage and function." This facility serves 22 adult clients with primary diagnoses of Alcohol, Stimulant, Opioid, and Cannabis Use disorders (d/o), Substance Induced Mood d/o, Anxiety disorder, Depression, Post Traumatic Stress Disorder, Hypertension and Gastroesophageal Reflux disorder. Observation of client rooms revealed that 7 of 19 clients had unsecured medication including five clients who had their medication in a bottle on their dresser or nightstand and two clients who had loose pills on their nightstand. Two clients did not have a lock box for use and staff were not aware of this. Clients signed an acknowledgement on admission that they were responsible for securing medication either on their person or in a lockbox. Facility staff were not monitoring on a regular basis if clients had properly secured their medication. Clients picked up their daily doses of each medication in the mornings and on Friday mornings, they picked up their supply of medication for Friday, Saturday and Sunday. Some clients put their pills in their pocket or unlabeled prescription bottles. There were 10 blanks on the MARS for three clients without explanation. Staff stated the blanks may be the result of a client either forgetting to initial the MAR or forgetting to pick up their medications. Without documentation on the MAR and monitoring the supply of medication clients kept in their room, facility staff could not accurately determine if clients were taking their medications as prescribed. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 118	Continued From page 12 23 days. An administrative penalty of $1,500.00 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 23rd day.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure medications were stored in a secure manner affecting 7 of 10 audited clients (Clients #4, #5, #6, #7, #8, #9, and #10). The	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 13 findings are: Observations at 3:22pm and 3:55pm on 2/2/22 revealed: -there were 4 buildings that housed clients- a main building with 5 double occupancy rooms and 3 trailers (119, 121, and 123) that each housed 3 clients in single occupancy rooms -in the main building in Client #7's room, there were approximately 26 loose pills (appeared to be 3 different types) on the nightstand -in trailer #123: -an unlabeled prescription bottle containing 4 pills on the dresser in Client #5's room -an unlabeled prescription bottle containing 4 pills on the dresser in Client #6's room -in trailer #121: -an unlabeled green prescription bottle with 2 pills on the dresser in Client #9's room -an unlabeled prescription bottle with approximately 6 pills (2 different types of pills) on the nightstand in Client #8's room in trailer #119: -an unlabeled prescription bottle with 5 pills (2 different types of pills) on the dresser in Client #4's room -7 white pills on the nightstand in Client #10's room. Review on 2/4/22 and 2/7/22 of Client #4's record revealed: -admitted on 11/10/20 -diagnoses of Alcohol Use Disorder (d/o), severe; Hypertension -Prescribed medications included: -Amlodipine (hypertension) 2.5 milligram (mg) one tablet daily ordered 1/6/22 -Doxepin (sleep) 50mg 3 tablets at bedtime (qhs) as needed (PRN) ordered 9/14/21.	V 120		
		V120	FSF staff will conduct inspections of resident's rooms three times weekly to identify any unsecured medications; having the resident display for staff the medications they have secured, verifying resident has a secure functioning lockbox / storage, having resident display and explain each medication with administrative directions how often: three times weekly Monitors: Resident Manager, Kitchen Manager and Program Director (see attachment #: 2, Room Check Form, developed 02/09/2022) If FSF staff discover any irregularities regarding improperly or unsecured medications; additional or lack of proper quantity or resident uncertainty in administrative directions staff will work immediately to make corrective action, documenting concerns discovered on FSF incident report form and on specific MARs in notes section keeping both in the MAR book behind that MAR, FSF staff will work with resident to collect and secure medications, educating resident as to policies, rules and expectations of resident self-administration at FSF How Often: room check three times weekly and whenever irregularities present Monitors: Resident Manager, Kitchen Manager and Program Director	02/09/2022 02/09/2022 and on-going

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 14 Review on 2/4/22 and 2/7/22 of Client #5's record revealed: -admitted on 6/1/21 -diagnoses of Alcohol Use d/o, severe; Anxiety, Hypertension, Gastroesophageal Reflux Disease (GERD) -Prescribed medications included: -Sertraline (depression) 50mg one tablet daily ordered 5/30/21 -Lisinopril (hypertension) 40mg one tablet daily ordered 6/25/21 -Hydrochlorot (hypertension) 25mg one tablet daily ordered 7/13/21 -Hydroxyzine (anxiety) 25mg one tablet every 4 hours PRN ordered 8/12/21 -Mirtazapine (sleep) 15mg one tablet qhs ordered 8/12/21 -Omeprazole (GERD) 20mg one tablet daily ordered 8/10/21. Review on 2/7/22 of Client #6's record revealed: -admitted on 7/21/21 -diagnoses of Alcohol Use d/o, Cannabis Use d/o, severe; Sedative Use d/o, severe; Alcohol Induced Mood d/o, Depressive Type, Hypertension -Prescribed medications ordered 9/2/21 included: -Vistaril (anxiety) 50mg one tablet every 4 hours PRN -Prazosin (sleep) 2mg one capsule qhs -Escitalopram (depression) 10mg 1.5 tablets daily -Quetiapine (sleep) 200mg one tablet qhs -Clonidine (hypertension) 0.1mg one capsule three times as day (TID) -Omeprazole (acid reflux) 40mg one capsule daily. Review on 2/7/22 of Client #7's record revealed: -admitted on 8/25/21 -diagnoses of Opioid Use d/o, severe; Stimulant	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 15 Use d/o, severe; Sedative Use d/o, severe; Cannabis Use d/o, severe, Hypertension, Anxiety Prescribed medications ordered on 8/24/21 included: -Sertraline (depression) 100mg one tablet daily -Buspirone (anxiety) 10mg one tablet three times a day (TID) PRN -Lisinopril (hypertension) 20mg one tablet daily -Quetiapine (sleep) 100mg one tablet qhs. Review on 2/7/22 of Client #8's record revealed: -admitted on 9/21/21 -diagnoses of Opioid Use d/o, severe; Sedative Use d/o, severe; Opioid Induced Mood d/o, depressive/anxiety type; Hypertension -Prescribed medications included: -Escitalopram (depression) 20mg one tablet qhs ordered 8/18/21 -Hydrochlorot (hypertension) 25mg one tablet daily ordered 1/26/22. Review on 2/4/22 of Client #9's record revealed: -admitted on 11/15/21 -diagnoses of Stimulant Use d/o, severe; Cannabis Use d/o, severe; Sedative Use d/o, severe; Stimulant Use Mood d/o, Insomnia -Prescribed medications included: -Cymbalta (depression) 60mg one capsule daily ordered 10/28/21 -Mirtazapine (sleep) 15mg one tablet qhs ordered 10/28/21 -Quetiapine (sleep) 100mg, ½ tablet qhs for 7 days then increase to one tablet qhs ordered 1/14/22. Review on 2/4/22 and 2/7/22 of Client #10's record revealed: -admitted on 11/15/21 -diagnoses of Stimulant Use d/o, severe; Opioid use d/o, severe; Stimulant Use Mood d/o,	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 16 depressive type, Insomnia -Prescribed medications included: -Citalopram (mood) 20mg 1.5 tablets daily ordered 11/1/21 -Buspirone (anxiety) 15mg one tablet BID ordered 11/1/21 -Trazadone (sleep) 150mg one tablet qhs ordered 1/3/22. Interview on 2/4/22 with Client #4 revealed: -he named the medications he was prescribed and when to take them -the extra pills in the bottle were for heartburn -he gets the heartburn medication in the morning in case he needs it during the day -he did not have a lock box for his room and forgot to tell staff that he needed one -he told Staff #1 that he needed a lock box and Staff #1 was in process of getting him one. Interview on 2/4/22 with Client #5 revealed: -he had a lock box in his room for his medication, but he left them on the dresser. Interview on 2/4/22 with Client #6 revealed: -on 2/2/22, he was working in the kitchen, took his medication bottle with his evening medications to his room and didn't put it in the box; "it's a habit I need work on." Interview on 2/4/22 with Client #7 revealed: -it was Seroquel and Buspar left on his nightstand prescribed for the current day and for the day before -one day he forgot to take his medication and he didn't need the medication for sleep -it was only 2 days' worth of medication -he had a lockbox for medication in his room. Interview on 2/7/22 with Client #8 revealed:	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 17 -he had a lock box for his medication and will start using it. Interview on 2/4/22 with Client #9 revealed: -he puts his pills for the day in a green bottle in his room -his nightstand was replaced and his new nightstand didn't have a lockbox -he forgot to tell staff he didn't have a lock box. Interview on 2/4/22 with Client #10 revealed: -on his nightstand, the "little round ones were aspirin, one Trazadone, and one Buspar" -he took citalopram in the morning for depression, Trazadone for sleep and Buspar for anxiety -he knew he was supposed to lock them up but "nobody comes in my room, that's on me, being lazy." Interview on 2/2/22 and 2/7/22 with the Program Director revealed: -immediately spoke to Client #10, the 7 loose pills on Client #10's nightstand were Tylenol -immediately spoke to Client #7 and observed Client #7 securing the loose pills in his lockbox -scheduled a community meeting at 5:00pm to speak with clients about medications -he and Staff #1 walked through the facility in the evening to ensure medications were locked -recognizes that loose pills are an issue and staff will improve monitoring -one hour after giving morning medications on 2/7/22, he observed rooms and all medications were properly stored -he spoke with Client #7 who was prescribed Buspar TID but was only taking it once but didn't want to tell staff -this isn't inpatient program; staff encourage clients to take responsibility while they are in program in order to have those skills when they	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL011-003	A. BUILDING: _____ B. WING _____	R 02/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STEP FARM-MEN	111 FIRST STEP FARM DRIVE CANDLER, NC 28715

(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 120	Continued From page 18 leave the program. This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A2 rule violation and must be corrected within 23 days.	V 120		

MEDICATION ADMINISTRATION RECORD (MAR) FOR SELF ADMINISTRATION

First Step Farm of WNC, Inc.- Men's

MO/YR: 2022	Date	am/pm	DATE															
Medication		**Hour**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name: Rx#: Strength: mg Quantity:	Start:																	
		key																
Directions:	Stop		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		key																
Medication		**Hour**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name: Rx#: Strength: mg Quantity:	Start:																	
		key																
Directions:	Stop		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		key																
Medication		**Hour**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name: Rx#: Strength: mg Quantity:	Start:																	
		key																
Directions:	Stop		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		key																
Medication:		**Hour**	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Name: Rx#: Strength: mg Quantity:	Start:																	
		key																
Directions:	Stop		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		key																

Attachment #1

RESIDENT NAME: (PRINT)	FARM#: F- VAYA#:	DOB: SEX: Male
RESIDENT Signature & Initials	Physician Name: Phone:	Allergies:

1. Resident **Initials** box when medication is taken. 2. Refusal or Missed medication indicated by **R** or **M** (needs incident report). 3. Therapeutic Pass indicated by **TP**. 4. Loss medication indicated by **L**. 5. Medication error indicated by **E** (needs incident report)

DATE	KEY	Documentation of reason for key usage, including referenced incident report if indicated, incident reports placed behind MAR for that medication	Staff Signature	Resident Signature

1. Resident **Initials** box when medication is taken. 2. Refusal or Missed medication indicated by **R** or M (needs incident report). 3. Therapeutic Pass indicated by **TP**. 4. Loss medication indicated by **L**. 5. Medication error indicated by **E** (needs incident report)

MEDICATION ADMINISTRATION RECORD (MAR) FOR SELF ADMINISTRATION OF OVER THE COUNTER / PRN MEDICATIONS							
Date	Hour	Quantity	Medication	Reason		Staff Initial	Resident Signature
					1		
					2		
					3		
					4		
					5		
					6		
					7		
					8		
					9		
					10		
					11		
					12		
					13		
					14		
					15		
					16		
					17		
					18		
					19		
					20		
					21		
					22		
					23		
					24		
					25		
Resident Name:			Farm#: F-		MO/ YR: to		

MEDICATION ADMINISTRATION RECORD (MAR) FOR SELF ADMINISTRATION OF OVER THE COUNTER / PRN MEDICATIONS							
Date	Hour	Quantity	Medication	Reason		Staff Initial	Resident Signature
					1		
					2		
					3		
					4		
					6		
					7		
					8		
					9		
					10		
					11		
					12		
					13		
					14		
					15		
					16		
					17		
					18		
					19		
					20		
					21		
					22		
					23		
					25		
Resident Name:			Farm#: F-			MO/ YR: to	

ATTACHMENT # 2

Room Checks **Date:** _____ **Staff:** _____
Room Number:

Bill's Dorm

119A _____

_____

119B _____

_____

119C _____

_____

121A _____

_____

121B _____

_____

121C _____

_____

123A _____

_____

123B _____

_____

123C _____

_____

Room Checks **Date:** _____ **Staff:** _____
Room Number:

Paul's Dorm

1A _____

_____

1B _____

_____

2A _____

_____

2B _____

_____

3A _____

_____

3B _____

_____

4A _____

_____

4B _____

_____

5A _____

_____

5B _____

_____