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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 109 FIRST STEP FARM MEN 109 FIRST STEP FARM DRIVE CANDLER, NC 28715 Description CRACH CORRECTIVE ACTION HOUSE BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) PREPIX TAG	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 109 FIRST STEP FARM DRIVE CANDLER, NC 28715 (PA) ID PREFIX TAG (PA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS A limited follow up survey for the Type A2 was completed on 6/22/22. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Administration (V118) with cross reference 10A NCAC 27G .0209 Medication Storage (V120) were reviewed for compliance: 10A NCAC 27G .0209 Medication Storage (V120) were brought back into compliance: 10A NCAC 27G .0209 Medication Storage (V120) This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 22 and currently has a census of 17. The survey sample consisted of	AND I ENT OF CONNECTION			A. BUILDING:				
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE