STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
	MHL011-080	B. WING		R <b>09/09/2022</b>
	WITTEOTT-000			09/09/2022
NAME OF PROVIDER OR SUPPLIE			STATE, ZIP CODE	
FIRST STEP FARM-WOMEN		E LUTHER CO R, NC 28715		
(X4) ID SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION (X5)
PREFIX (EACH DEFICIEN	CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
V 000 INITIAL COMME	NTS	V 000		
	llow up survey was completed 2022. Deficiencies were cited.			
category: 10A NC	nsed for the following service AC 27G .5600E: Supervised With Substance Abuse			
	nsed for 15 and currently has a survey sample consisted of t clients.			
V 107 27G .0202 (A-E)	Personnel Requirements	V 107		
REQUIREMENTS (a) All facilities s	0202 PERSONNEL S hall have a written job e director and each staff position			
	the minimum level of education, k experience and other the position;			
(2) specifies the position;	the duties and responsibilities of			
supervisor; and	by the staff member and the d in the staff member's file.			
(b) All facilities s each staff members	hall ensure that the director, er or any other person who services to clients on behalf of			
(1) is at leas (2) is able to follow directions;	t 18 years of age; read, write, understand and			
competency, wor qualifications for (4) has no si	e minimum level of education, k experience, skills and other the position; and ubstantiated findings of abuse or the North Carolina Health Care			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

MHL011-080    S. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION		SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER  FIRST STEP FARM-WOMEN  20 PETE LUTHER COVE ROAD  CANDLER, NC 2815  FOUNDARY STATEMENT OF PERCENDENCY TAG  SUMMARY STATEMENT OF PERCENDENCY TAG  ESCULLATION OF LSC IDENTIFYING INFORMATION)  V 107  Continued From page 1  Personnel Registry, (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying, (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.  (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certified in accordance with applicable state laws for the services provided.  This Rule is not met as evidenced by. Based on record review and interviews, the facility failed to ensure that each staff member met the minimum level of education required for the position affecting 1 of 3 audited staff (Staff #2). The findings are:  Review on 9/6/22 of Staff #2's record revealed; -Educational requirements on the job description Nuts thave a GED Gloeneral Educational Diploma) or high school diploma, or GED. Interview on 9/6/22 with Staff #2 revealed:				, 20.25.i. (d.			R
PREST STEP FARM-WOMEN   CANDLER, NC 28715			MHL011-080	B. WING		09/	09/2022
SUMMANY STATEMENT OF DEFICIENCES   PROVIDERS PLAN OF CORRECTION   PREFIX   SUMMANY STATEMENT OF DEFICIENCES   PROVIDERS PLAN OF CORRECTION   PREFIX   (EACH CORRECTION SHOULD SE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)   V 107	NAME OF	PROVIDER OR SUPPLIER					
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V 107  Continued From page 1  Personnel Registry. (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying. (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided. (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that each staff member met the minimum level of education required for the position affecting 1 of 3 audited staff (Staff #2). The findings are:  Review on 9/6/22 of Staff #2's record revealed; -Educational requirements on the job description "Must have a GED (General Educational Diploma) or high school diploma" -No evidence of a high school diploma, or GED.  Interview on 9/6/22 with Staff #2 revealed:	FIRST S	TEP FARM-WOMEN					
Personnel Registry.  (c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.  (d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.  (e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that each staff member met the minimum level of education required for the position affecting 1 of 3 audited staff (Staff #2). The findings are:  Review on 9/6/22 of Staff #2's record revealed; -Educational requirements on the job description "Must have a GED (General Educational Diploma) or high school diploma" -No evidence of a high school diploma, or GED.  Interview on 9/6/22 with Staff #2 revealed:	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
Based on record review and interviews, the facility failed to ensure that each staff member met the minimum level of education required for the position affecting 1 of 3 audited staff (Staff #2). The findings are:  Review on 9/6/22 of Staff #2's record revealed; -Educational requirements on the job description "Must have a GED (General Educational Diploma) or high school diploma" -No evidence of a high school diploma, or GED.  Interview on 9/6/22 with Staff #2 revealed:	V 107	Personnel Registry (c) All facilities or sapplicants for emplicants for emplicants for emplicants for emplicants for emplicants for emplicants are services provided. (e) A file shall be memployed indicating other qualifications verification of license.	services shall require that all oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for is applying.  You or a service shall be registered or certified in oplicable state laws for the maintained for each individual of the training, experience and for the position, including	V 107			
-Educational requirements on the job description "Must have a GED (General Educational Diploma) or high school diploma" -No evidence of a high school diploma, or GED.  Interview on 9/6/22 with Staff #2 revealed:		Based on record re facility failed to ens met the minimum le the position affectir #2). The findings at	eview and interviews, the ure that each staff member evel of education required for an angle 1 of 3 audited staff (Staff re:				
		-Educational requir "Must have a GED Diploma) or high so -No evidence of a h Interview on 9/6/22	ements on the job description (General Educational chool diploma" nigh school diploma, or GED. with Staff #2 revealed:				

Division of Health Service Regulation

STATE FORM 6899 7J6N11 If continuation sheet 2 of 9

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL011-080	B. WING			R <b>09/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	•	
FIRST S	TEP FARM-WOMEN		LUTHER CC R, NC 28715	OVE ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 107	Continued From pa	ge 2 high school diploma, or GED.	V 107			
	revealed:	with Program Director at Staff #2 did not have a high GED.				
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or r only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, inclia administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of	V 118			
	current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.  (5) Client requests checks shall be recorded.	red to each client must be kept is administered shall be ely after administration. The ne following:  and quantity of the drug; administering the drug; and of person administering the for medication changes or orded and kept with the MAR appointment or consultation				

Division of Health Service Regulation

STATE FORM 6899 7J6N11 If continuation sheet 3 of 9

AND PLAN OF CORRECTION    (X1) PROVIDER/SUPPLIER/CLIA   (X2) MULTIPLE CONSTRUCTION   (X3) DATE SURVEY COMPLETED   (X3) DATE SURVEY COMPLETED   (X4) DETECTION NUMBER:   (X4) DETECTION NUMBER:   (X4) ID PREFIX   (X4) DEPCISION OF CORRECTION NUMBER;   (X4) DEPCISION NUMBER;   (X5) DEPCISION NUMBER;   (X5) DEPCISION NUMBER;   (X6) DEPCISION NUMBER;
MHL011-080  MHL011-080  B. WING
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  200 PETE LUTHER COVE ROAD CANDLER, NC 28715   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  V 118  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  200 PETE LUTHER COVE ROAD CANDLER, NC 28715   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  V 118  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  200 PETE LUTHER COVE ROAD  CANDLER, NC 28715  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  DEFICIENCY)  V 118  Continued From page 3  V 118  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
FIRST STEP FARM-WOMEN  CANDLER, NC 28715   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
CANDLER, NC 28715   CANDLER, NC 28715
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118  Continued From page 3  V 118  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 118 Continued From page 3  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
V 118 Continued From page 3  This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
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facility failed to ensure 1 of 3 audited staff (Staff #2) demonstrated competency in medication administration and failed to keep the MAR's
#2) demonstrated competency in medication administration and failed to keep the MAR's
administration and failed to keep the MAR's
current affecting 3 of 3 audited clients (Client #1
#4 and #6) The findings are:
Review on 9/6/22 of Staff #2's record revealed:
-Date of Hire: 11/22/21.
-Job Title: Resident ManagerNo evidence of medication administration
training.
training.
Review on 9/6/22 of Client #1's record revealed:
-Date of Admission: 12/16/21.
-Diagnoses: Opioid Use Disorder, Severe;
Stimulant Use Disorder.
-Physician's Orders included:
-Fluticasone 50 micrograms (mcg) 1 spray
each nostril daily ordered on 5/11/22.
-lbuprofen 600 milligrams (mg) by mouth 3
times a day as needed (PRN) ordered on 5/11/22.
-There was no documentation to indicate the
reason of use for the ibuprofen.
-Hydroxyzine 25 mg 1-2 PRN anxiety ordered
5/11/22.
-There was no documentation to indicate the
route, or how often hydroxyzine could be
administered.
-Albuterol 90 mcg 2 puffs every 4 hours as needed ordered on 11/11/21.

-There was no documentation to indicate the

STATE FORM 6899 If continuation sheet 4 of 9 7J6N11

Division of Health Service Regulation		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	(X3) DATE S	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING:	COMPL	EIED
	R	
MHL011-080 B. WING		9/2022
	1 00,00	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
FIRST STEP FARM-WOMEN 200 PETE LUTHER COVE ROAD		
CANDLER, NC 28715		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		COMPLETE DATE
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO 1 DEFICIENCE		DATE
	,	
V 118 Continued From page 4 V 118		
reason of use for the albuterol.		
-Voltaren/diclofenac gel 1% apply to shoulder		
PRN ordered on 5/11/22.		
-There was no documentation to indicate the		
dose, frequency or use of the Voltaren/diclofenac		
gel.		
-Tylenol/acetaminophen 500 mg every 6		
hours; Advil/ibuprofen 200 mg every 6 hours;		
amoxicillin "500 4 x 1 hr (hour)" ordered on		
7/22/22 to be taken at the "same time before next		
appointment."		
-There was no documentation of the dosing		
strength of the amoxicillin or the administration		
route for the Tylenol/acetaminophen,		
Advil/ibuprofen, amoxicillin and the time frame of		
when to start and stop each medication could not		
be determined.		
-There was no order for doxycycline hyclate to		
be administered 8/27/22 through 9/1/22.		
-There was no order for clindamycin to be		
administered on the dates of 6/1/22 through		
6/7/22.		
Review on 9/1/22 of Client #1's June		
2022-September 2022 MAR's revealed:		
- Ibuprofen 600 mg every 6 hours PRN pain		
administered 6/1/22-9/1/22.		
-Clindamycin 150 mg by mouth 3 times daily for 7		
days administered 6/1/22-6/7/22.		
-Hydroxyzine 25 mg 1-2 capsules by mouth every		
6 hours PRN anxiety/sleep administered		
6/1/22-9/1/22.		
-Albuterol 90 mcg 1-2 puffs every 4 hours PRN		
Wheezing.		
-Voltaren/diclofenac gel 1% use as directed		
topically once daily administered 6/1/22-9/1/22Diflucan/fluconazole 150 mg take 3 capsules in		
one day administered as 1 capsule on 7/8/22,		
one capsule on 7/9/22 and one capsule on		
7/10/22.		

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			,
		MHL011-080	B. WING		09/0	9/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FIRST S	TEP FARM-WOMEN		LUTHER CO R, NC 28715			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	-Doxycycline hyclatonce a day administered on 9/2-Tylenol/acetamino Advil/ibuprofen 200 "500 4 x 1 hr (hour) 7/22/22-9/1/22June 2022 MAR hadifferent administration Voltaren/diclofenacts spray from 6/1/2025 Review on 9/6/22 or -Date of Admission -Diagnoses: Stimul Cannabis Use Disorder, Severe; Use Resentments, Loss Family, Relational Stelated to Addictive -Physician's Orders -Ibuprofen 800 rordered 8/18/22Senna 8.6 at be 8/18/22There was no of strength, route or reserved atted 8/18/22There were no sheet dated 8/18/22. Review on 9/1/22 or 2022-September 202022-September 202022-September 202021-September 202021-Septem	e 100 mg 1 tablet by mouth stered 8/27/22-8/31/22 and 1 every 6 hours for 7 days 1/22. phen 500 mg every 6 hours; amoxicillin " was not listed from ad two page #2's which listed tion data for gel 1% and fluticasone nasal 2-6/30/2022.  If Client #4's record revealed: 3/29/22. ant Use Disorder, Severe; arder, Severe; Alcohol Use Unresolved Trauma, Shame, of Structure, Financial, Social, Emotional Stressors e Patterns. Included: mg by mouth 3 times per day edtime as needed ordered documentation to indicate the eason for use of the Senna. client identifiers on the order 2.	V 118			

Division of Health Service Regulation

STATE FORM 6899 7J6N11 If continuation sheet 6 of 9

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(3) DATE SURVEY COMPLETED	
	A. BOLDING.			R			
			9/2022				
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
FIRST S	TEP FARM-WOMEN		LUTHER CO R, NC 28715				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 118	Continued From pa	ge 6	V 118				
	-Date of Admission -Diagnoses: Opioid Unspecified Anxiety -Physicians' Orders -Minipress/prazo -There was no d administration route Review on 9/1/22 o 2022-September 20 -Minipress/prazosin bedtime PRN admi -There was no docu	Use Disorder, Severe; //. s included: osin 1 mg at bedtime PRN. locumentation of the e or reason.  f Client #6's July 022 MAR's revealed: 1 mg 1 capsule by mouth at nistered 8/24/22-9/1/22. umentation of the reason for					
	-She was responsible medications and was	•					
	revealed: -Staff #2 had not re	with the Program Director ceived medication ing due to COVID 19.					
	This deficiency con and must be correct	stitutes a re-cited deficiency ted in 30 days.					
V 369	G.S. 122C-6 Smok	ing Prohibited	V 369				
	(a) Smoking is profunder this Chapter. "smoking" means the	G PROHIBITED; PENALTY nibited inside facilities licensed As used in this section, ne use or possession of any ette, pipe, or other lighted					

Division of Health Service Regulation

STATE FORM 6899 7J6N11 If continuation sheet 7 of 9

	Of Fleatin Service IN	guiation	ı			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
VIND LEWIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	COIVIP	LETED
					F	₹
		MHL011-080	B. WING			9/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			LUTHER CO			
FIRST S	TEP FARM-WOMEN		R, NC 28715			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	_	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				BELLOCITY		
V 369	Continued From pa	ge 7	V 369			
	smoking product A	s used in this section, "inside"				
	means a fully enclo					
		owns, manages, operates, or				
	otherwise controls a	a facility subject to this section				
	shall:					
		post signs clearly stating that				
		ed inside the facility. The signs				
	symbol, which cons	ernational "No Smoking"				
		burning cigarette enclosed in				
	a red circle with a re					
		on who is smoking inside the				
		the lighted smoking product.				
		notice to individuals upon				
		oking is prohibited inside the				
		ne signature of the individual				
	receipt of the notice	epresentative acknowledging				
	(c) The Department					
		alty not to exceed two hundred				
		r each violation on any person				
	who owns, manage	s, operates, or otherwise				
		ensed under this Chapter and				
		subsection (b) of this section.				
		ection constitutes a civil				
	offense only and is	not a crime. es not apply to State				
	psychiatric hospitals					
	psychiatric hospital.	3. (2007-439, 3. 3.)				
	This Rule is not me					
		on and interview, the facility				
	inside the facility. T	that smoking is prohibited				
	miside the facility. The	ne mungs are.				
	Observation on 9/1/	/22 at 10:32 am revealed:				
		y No Smoking signs posted in				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
				2		
		MHL011-080	B. WING			9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
FIRST S	TEP FARM-WOMEN		LUTHER CO			
040.15	CUIMMA DV CTA		R, NC 28715		ONI	0.450
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 369	Continued From pa	ge 8	V 369			
	the facility.					
	revealed:	with the Program Director of the requirement to post None facility.				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	maintained in a saft manner. The finding Observation on 9/1. -Air vent on the ceil covered with layers -Shower floor in bar	on the facility was not e, clean, attractive and orderly gs are:  /22 at 10:32 am revealed: ing in bathroom #2 was of gray colored dust. throom #3 was cracked and olding strip was missing at the				

6899

Division of Health Service Regulation STATE FORM

7J6N11 If continuation sheet 9 of 9