

RECEIVED
By Mental Health Licensure & Cert. Section at 2:32 pm, Sep 28, 2022

PRINTED: 09/15/2022
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL011-080	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/09/2022
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NAME OF PROVIDER OR SUPPLIER FIRST STEP FARM-WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 200 PETE LUTHER COVE ROAD CANDLER, NC 28715
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on September 9, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600E: Supervised Living For Adults With Substance Abuse Dependency.</p> <p>This facility is licensed for 15 and currently has a census of 7. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p><i>NOTE: due 9/26/22 LATE due to STAFF with COVID Fixed 9/27/22 Cj B. White</i></p>	
V 107	<p>27G .0202 (A-E) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(a) All facilities shall have a written job description for the director and each staff position which:</p> <ul style="list-style-type: none"> (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file. <p>(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:</p> <ul style="list-style-type: none"> (1) is at least 18 years of age; (2) is able to read, write, understand and follow directions; (3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and (4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care 	V 107	<p><i>PLEASE SEE ATTACHMENT.</i></p>	

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

TITLE

(X6) DATE

Cj B. White *Program Director* *09/27/2022*

STATE FORM 6899 7J6N11 If continuation sheet 1 of 9

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V 107	<p>Continued From page 1</p> <p>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.</p> <p>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: -Her job title was Resident Manager.</p>	V 107		

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V 107	Continued From page 2 -She did not have a high school diploma, or GED. Interview on 9/6/22 with Program Director revealed: -She was aware that Staff #2 did not have a high school diploma. or GED.	V 107		
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 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.	V 118	<i>PLEASE SEE ATTACHMENT</i>	

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V 118	<p>Continued From page 3</p> <p>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 current affecting 3 of 3 audited clients (Client #1, #4 and #6) The findings are:</p> <p>Review on 9/6/22 of Staff #2's record revealed: -Date of Hire: 11/22/21. -Job Title: Resident Manager. -No evidence of medication administration training.</p> <p>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. -Ibuprofen 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</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>reason of use for the albuterol.</p> <ul style="list-style-type: none"> -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. <p>Review on 9/1/22 of Client #1's June 2022-September 2022 MAR's revealed:</p> <ul style="list-style-type: none"> - 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 6/1/22-9/1/22. -Diflucan/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. 	V 118		

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V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -Doxycycline hyclate 100 mg 1 tablet by mouth once a day administered 8/27/22-8/31/22 and 1 capsule by mouth every 6 hours for 7 days administered on 9/1/22. -Tylenol/acetaminophen 500 mg every 6 hours; Advil/ibuprofen 200 mg every 6 hours; amoxicillin "500 4 x 1 hr (hour)" was not listed from 7/22/22-9/1/22. -June 2022 MAR had two page #2's which listed different administration data for Voltaren/diclofenac gel 1% and fluticasone nasal spray from 6/1/2022-6/30/2022. <p>Review on 9/6/22 of Client #4's record revealed:</p> <ul style="list-style-type: none"> -Date of Admission: 3/29/22. -Diagnoses: Stimulant Use Disorder, Severe; Cannabis Use Disorder, Severe; Alcohol Use Disorder, Severe; Unresolved Trauma, Shame, Resentments, Loss of Structure, Financial, Family, Relational Social, Emotional Stressors Related to Addictive Patterns. -Physician's Orders included: <ul style="list-style-type: none"> -Ibuprofen 800 mg by mouth 3 times per day ordered 8/18/22. -Senna 8.6 at bedtime as needed ordered 8/18/22. -There was no documentation to indicate the strength, route or reason for use of the Senna. -There were no client identifiers on the order sheet dated 8/18/22. <p>Review on 9/1/22 of Client #4's June 2022-September 2022 MAR's revealed:</p> <ul style="list-style-type: none"> -Ibuprofen 600 mg by mouth every 6 hours PRN pain administered 8/19/22-8/31/22 and ibuprofen 600 mg 1 tablet by mouth 3 times daily PRN (no administration reason documented) administered 9/1/22. -Senna 8.6 mg 2 tablets by mouth twice daily prn constipation administered 8/19/22-9/1/22. 	V 118		

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V 118	<p>Continued From page 6</p> <p>Review on 9/6/22 of Client #6's record revealed: -Date of Admission: 7/26/22. -Diagnoses: Opioid Use Disorder, Severe; Unspecified Anxiety. -Physicians' Orders included: -Minipress/prazosin 1 mg at bedtime PRN. -There was no documentation of the administration route or reason.</p> <p>Review on 9/1/22 of Client #6's July 2022-September 2022 MAR's revealed: -Minipress/prazosin 1 mg 1 capsule by mouth at bedtime PRN administered 8/24/22-9/1/22. -There was no documentation of the reason for administration.</p> <p>Interview on 9/6/22 with Staff #2 revealed: -She was responsible for the oversight of client medications and was responsible for transcribing physician's orders onto the MAR for each client. -She had not received any medication administration training.</p> <p>Interview on 9/6/22 with the Program Director revealed: -Staff #2 had not received medication administration training due to COVID 19.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected in 30 days.</p>	V 118		
V 369	<p>G.S. 122C-6 Smoking Prohibited</p> <p>§ 122C-6 SMOKING PROHIBITED; PENALTY (a) Smoking is prohibited inside facilities licensed under this Chapter. As used in this section, "smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted</p>	V 369	<i>Please See Attachment</i>	

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V 369	<p>Continued From page 7</p> <p>smoking product. As used in this section, "inside" means a fully enclosed area.</p> <p>(b) The person who owns, manages, operates, or otherwise controls a facility subject to this section shall:</p> <p>(1) Conspicuously post signs clearly stating that smoking is prohibited inside the facility. The signs may include the international "No Smoking" symbol, which consists of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it.</p> <p>(2) Direct any person who is smoking inside the facility to extinguish the lighted smoking product.</p> <p>(3) Provide written notice to individuals upon admittance that smoking is prohibited inside the facility and obtain the signature of the individual or the individual's representative acknowledging receipt of the notice.</p> <p>(c) The Department may impose an administrative penalty not to exceed two hundred dollars (\$200.00) for each violation on any person who owns, manages, operates, or otherwise controls a facility licensed under this Chapter and fails to comply with subsection (b) of this section. A violation of this section constitutes a civil offense only and is not a crime.</p> <p>(d) This section does not apply to State psychiatric hospitals. (2007-459, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to post signs that smoking is prohibited inside the facility. The findings are:</p> <p>Observation on 9/1/22 at 10:32 am revealed: -No evidence of any No Smoking signs posted in</p>	V 369		

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V 369	Continued From page 8 the facility. Interview on 9/1/22 with the Program Director revealed: -She was unaware of the requirement to post No Smoking signs in the facility.	V 369		
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: Based on observation the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 9/1/22 at 10:32 am revealed: -Air vent on the ceiling in bathroom #2 was covered with layers of gray colored dust. -Shower floor in bathroom #3 was cracked and chipped and the molding strip was missing at the top portion of the shower.	V 736	<i>PLEASE SEE ATTACHMENT.</i>	

V107

Correction: FSF assisted Staff#2 [REDACTED] to register for General Educational Diploma (GED) with Asheville Buncombe Technical Community College (AB Tech); on 09/20/2022 Staff#2 made appointment for her GED Practice test to determine what course work will be required to complete her GED; appointment was made for 10/18/2022 with Ms. [REDACTED] at AB Tech. Program Director [REDACTED] will directly supervise and assist Staff#2 in establishing task parameters and time limes for completion of GED as soon as is possible.

Prevent: FSF will include on the "New Employee Orientation" checklist -employee copy of education; Program Director and Business manager will assure prior to hiring new employees that all educational and licensing requirements are meet and documented in the new hires personnel record prior to hiring.

Monitor: Program Director with work directly with Staff#2 to assure progress is being made toward completion of GED, recording completion in Staff#2 personnel record.

How Often: Program Director, [REDACTED] will do weekly monitoring to determine progress toward GED with Staff#2. Program Directors, [REDACTED] and [REDACTED] and Business Manager, [REDACTED] will monitor all new hires to the FSF prior to any new hire at FSF.

V118

Correction: Program Director will establish Medication Administration Training given by [REDACTED] RN by 10/10/2022 for staff #2 ([REDACTED]) as well as for women's Program Director. Training date set for 10/05/2022 at 10:00am at the Women's First Step Farm. Additionally Program Director ([REDACTED]) will work with Clinical Supervisor ([REDACTED]) and Staff#2 ([REDACTED]) will review all MAR's and work to correct all medication Administration Order errors, verifying with the prescribing physician, medications, dose levels, administration directions and correcting all MAR's, as well as documenting reasons for PRN medications by 10/09/2022.

Prevent: Program Director ([REDACTED]) and Business Manager ([REDACTED]) will assure all new employees, hired at FSF, that will be responsible for implementing resident self-administration of medications, complete Medication Administration Training with a qualified trainer before implementing said services and within 30 days of hire date. Program Director ([REDACTED]) will daily assist and facilitate all MAR self-administration documentation checking for accuracy and compliance with V118 rule.

Monitor: Executive Director ([REDACTED]) Clinical Supervisor ([REDACTED]) and Business Manager ([REDACTED]) will monitor directors to assure staff have required training to meet needs of their job description and responsibilities. Program Director ([REDACTED]) will daily assist and facilitate all MAR self-administration documentation checking for accuracy and compliance with V118 rule.

How Often: Monitoring will occur when new employees are hired and ever year thereafter to assure Medication Administration training. Program Director ([REDACTED]) will monitor daily and as needed (ie: when new physician orders and prescriptions are received).

V369

Correction: Program Director [REDACTED] will install no smoking or vaping inside facility signs at each door way entrance used by residents and the general public into the facility.

Prevent: Program Director and FSF staff will daily assure no smoking or vaping signs are in proper placement and working condition (visible and legible).

Monitor: Program Director [REDACTED] and Resident Manager [REDACTED] will monitor no smoking or vaping signs are in proper placement and working condition (visible and legible) daily.

How Often: Monitoring will occur when new employees are hired and ever year thereafter to assure Medication Administration training. Program Director ([REDACTED]) will monitor daily and as needed (ie: when new physician orders and prescriptions are received).

V736

Correction: Women's First Step Farm and program staff will conduct weekly building inspections to assure its' facilities and grounds are safe and clean.

Prevent: Program Director and First Step Farm staff worked with maintenance staff to clean air vents in all rooms and bathrooms and fixed cracked shower floor in bathroom #3; including molding.

Monitor: Program Director [REDACTED] and Resident Manager ([REDACTED]) will monitor buildings and grounds to ensure that the air vents are clean, the shower floors, moldings and fixtures are maintained properly and that all aspects of the grounds and buildings are maintained in a safe, clean, attractive and orderly manner. .

How Often: Monitoring will occur on a weekly basis by Program Director and Resident Manager.

P.O. Box 1450
Candler, NC 28715
(828)665-5604: Men's Farm Office
(828)-667-0303 Women's Farm Office
(828)-665-5606 Fax



Fax

To: NC DHSR From: Craig White / Janelle Wittshire
 Fax: 919-715-8078 Pages: 14 w/ FAX COVER
 Phone: 919-855-3795 Date: 09/27/2022
 Re: SURVEY DOC FSF CC:

Urgent For Review Please Comment Please Reply Please Recycle

If checked the information that is being faxed to you is confidential client information.

The confidentiality of this information is governed and protected by the general statutes of North Carolina. Every effort should be made to safe guard the confidentiality of this client information in accordance with the general statutes. Due to the sensitive nature of this information, if requested by the client, it must be shown and or interrupted by a competent clinician. Redisclosure without client consent is prohibited by law.

(If substance abuse diagnosis):

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT significant for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.