

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL011-003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/28/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FIRST STEP FARM-MEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>109 FIRST STEP FARM DRIVE CANDLER, NC 28715</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on May 28, 2024. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC .5600E Supervised Living for Adults with Substance Abuse Dependency.</p> <p>This facility is licensed for 22 and has a current census of 19. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p><b>27G .0207 Emergency Plans and Supplies</b></p> <p><b>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</b></p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to conduct fire and disaster drills at least quarterly for each shift. The findings are:</p> <p>Review on 5/28/24 of the facility's fire and</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>disaster drill logs revealed: -No documentation of fire drills on third shift for first quarter 2024 (January-March). -No documentation of disaster drills on first and third shift for third quarter 2023 (July-September). -No documentation of disaster drills on second shift for fourth quarter 2023 (October-December). -No documentation of disaster drills on third shift for first quarter 2024 (January-March).</p> <p>Interviews on 5/28/24 with Clients #1-#3 revealed: -Had participated in fire and disaster drills. -Was aware of what to do in the event of an emergency.</p> <p>Interview on 5/28/24 with the Resident Manager revealed: -Was responsible for completing the fire and disaster drills. -Fire drills were completed once a month. -Disaster drills were completed every other month.</p> <p>Interview on 5/28/24 with the Program Director revealed: -Was responsible for making sure fire and disaster drills were completed. -Fire drills were completed every month. -" ...disaster drills were staggered every quarter."</p>	V 114		