PRINTED: 08/02/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL011-080 08/01/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 PETE LUTHER COVE ROAD FIRST STEP FARM-WOMEN CANDLER, NC 28715 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 8/1/24. A deficiency was cited. RECEIVED This facility is licensed for the following service category: 10A NCAC .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 15 and has a current DHSR-MH Licensure Sect census of 10. The survey sample consisted of audits of 3 current clients. Provider Updated FSF Policy # 0.0323, Fire and (08/07/2024)V 114 27G .0207 Emergency Plans and Supplies V 114 Disaster Drills for 24-hour Facilities, to include that Fire and Disaster Drills be simulated one per 10A NCAC 27G .0207 EMERGENCY PLANS shift, per month. AND SUPPLIES (a) Each facility shall develop a written fire plan 1) The Women's Program Director will train (08/07/2024)and a disaster plan and shall make a copy of FSF staff responsible for implementing the new Fire and Disaster Drill policy and procedure. these plans available (Training is to be completed and implemented to the county emergency services agencies upon before August 30th, 2024.) request. The plans shall include evacuation procedures and routes. 2) The Women's Program Director will prefill (08/07/2024) (b) The plans shall be made available to all staff the Fire and Disaster Drill forms in the Fire and Disaster Record Book in advance to ensure that and evacuation procedures and routes shall be staff are aware of what time and date each Fire posted in the Drill and each Disaster Drill are expected to be facility. held. (Forms are to be completed and placed in (c) Fire and disaster drills in a 24-hour facility binder before August 30th, 2024.) shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that 3) Program Director will ensure through direct (08/13/2024) simulate the facility's response to fire in-person supervision, both a Fire Drill and a emergencies. Disaster Drill are held each month for each time (d) Each facility shall have a first aid kit shift.

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

accessible for use.

STATE FORM

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED                                   |              |
|---|---|--|---|--|---|--------------|
|   |   | MHL011-080   | B. WING                                 |  | 00/04/0004  |              |
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  O8/01/2024 |   |  |   |  |   |              |
| 200 PETE LUTHER COVE ROAD   |   |  |   |  |   |              |
| FIRST STEP FARM-WOMEN CANDLER, NC 28715   |   |  |   |  |   |              |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY)  | BE COMPLETE   |              |
| V 114   | This Rule is not met a Based on interview are failed to ensure fire an at least quarterly and findings are:  Review on 7/31/24 of disaster drill logs from 2024 revealed:  -July - September 2024 disaster drills were coro-October - December or 3rd shift fire or disalegard and no 2nd shift fire or disalegard and no 2nd shift fire or disaster drill and no 2nd shift fire or disaster drills and disaster drills interviews on 7/31/24 revealed:  -fire and disaster drills interview on 7/31/24 revealed: -fire and disaster drills interview on 3 shifts, 7:00 p.m 11:00 p.m. and -Residential Manager | as evidenced by: nd record review, the facility nd disaster drills were held repeated for each shift. The  the facility's fire and n July 2023 through June  23 (3rd quarter) - no fire or nducted. 2023 (4th quarter) - no 1st ster drills conducted. 4 (1st quarter) - no 1st or 3rd iff disaster drill conducted. d quarter) - no 1st or 3rd ills conducted.  with Clients #1, #2 and #3  were held once a month.  with the Program fessional revealed: trills were to be conducted 0 a.m 3:00 p.m., 3:00 11:00 p.m 7:00 a.m. was in charge of nd she was still in training. htened-up" and would | V 114                                   | 4) Women's Program Director will be responsible to assure compliance with ne and Disaster Drill policy and procedure, no Fire and Disaster Drills quarterly, directly supervising the implementation of said Drithe Fire and the Disaster Drills) at a rate of drill each per shift, each month and ensure supervision of proper implementation will occurring at every drill. (Evidence will be said corrections and supervision in attach for the August 2024 Drills, and kept in the and Disaster Drill record book (labeled bir the Women's Resident Manager Office and Administrative offices (completed by August 2024.) | rills (both of one re that be shown of ments Fire one of and at | (08/13/2024) |