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 MHL0601060 06/12/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10000 WOODY RIDGE ROAD ONE STEP FORWARD OUTREACH CHARLOTTE, NC 28273 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and follow up survey was completed on 6/12/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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 the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.

Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

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ownel QMH

19/2025

If continuation sheet 1 o

June 19, 2025

Owner
One Step Forward Outreach Inc.
10000 Woody Ridge Rd.
Charlotte, NC 28273

Re: Annual survey plan for correction MHL-060-1060 marsha\_daymon@yahoo.com

V114 27G.0207 Emergency Plans and Supplies

**Response:** As the surveyor stated that the drills were done, I just did not indicate whether they were fire/disaster drills because I changed from my original form to a different form because the Fire Marshall indicated that I should be doing drills monthly instead of a quarterly basis as per the rule. However, I have switched back to my original form to do quarterly drills instead of monthly.

V118 27G .0209 (C) Medication Requirements

**Response:** I am responsible for the medication administrations records for the home to be correct and to make sure that my staff is doing things correctly as well. I was not aware that I missed putting the OTC on the MAR. However, going forward, I will pay very close attention to making sure all medication orders are documented on the MAR according to the rule.

V139 27G .0404 (F-L) Operations During Licensed Period

Response: Construction came out today June 19, 2025, ( to do a home inspection based on the Emergency Relocation plan that I submitted to make sure I was back in compliance with installing AC units, one in a room that has two windows and to check the fire alarms as well. I am in compliance with the rule; he stated that he will send me something via email in a few days. Also, when relocating the clients when emergencies arise, I will make sure that I notify the Team Leader for my area and construction per the rule.

V754 27G .0304 (C ) .0304 Comfort Zone.

Response: Construction came out today June 19, 2025, ( do a home inspection based on the Emergency Relocation plan that I submitted to make sure I was back in compliance with installing AC units, one in a room that has two windows and to check the fire alarms as well. I am in compliance with the rule; he stated that he will send

me something via email in a few days. The Temperature was at 76' degrees at the time of the visit.

