

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>07/28/2025</b>
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>		
(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	INITIAL COMMENTS  An annual and follow up survey was completed on July 28, 2025. A deficiency was cited.  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 22 and has a current census of 18. The survey sample consisted of audits of 3 current clients.	V 000			
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int.  10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.	V 536			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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V 536	Continued From page 1  (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	V 536		

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V 536	Continued From page 2  (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once	V 536		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## FIRST STEP FARM-MEN

109 FIRST STEP FARM DRIVE  
CANDLER, NC 28715

Division of Health Service Regulation  
STATE FORM

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V 536	<p>Continued From page 4</p> <p>-Date of Hire: 10/25/93 -Job Title: Cook -Date of Nonviolent Crisis Intervention training: expired 2/7/24</p> <p>Review on 7/28/25 of Staff #2's record revealed: -Date of Hire: 8/1/20 -Job Title: Residential Coordinator - Date of Nonviolent Crisis Intervention training: expired 3/29/23</p> <p>Review on 7/28/25 of Staff #Facility Director's record revealed: -Date of Hire: 9/1/03 -Job Title: Facility Director -Date of Nonviolent Crisis Intervention training: expired 2/7/24</p> <p>Interview on 7/28/25 with Staff #1 revealed: -"It has been a while (since receiving de-escalation training)." -"Usually have it (de-escalation training) once a year." -Thought it was usually in March or April when it had been completed in the past. -"[Facility Director] lets us know when we have it (trainings)."</p> <p>Interview on 7/28/25 with the Facility Director revealed: -"Cant find where we did it (de-escalation training) within the last year." -"For some reason I thought it (de-escalation training) had changed to every two years." -Was responsible for scheduling trainings -"The trainer was paid in March of 2024." -Would call to schedule the next training today.</p>	V 536		