

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl074-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/11/2018</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>KESWICK MANOR- KEEP HOPE ALIVE HUMAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 SE GREENVILLE BLVD GREENVILLE, NC 27858</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	<b>INITIAL COMMENTS</b>  An annual and follow up survey was completed on January 11, 2018. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.	V 000	<b>In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing</b>  <b>As recorded in 10A NCAC V296 27G .1704</b>	1/21/18
V 296	<b>27G .1704 Residential Tx. Child/Adol - Min. Staffing</b>  <b>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</b> (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and (3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents. (c) The minimum number of direct care staff during child or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present of which two shall be awake and the third may be	V 296	Keep Hope Alive strives to meet compliance at all levels. In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing. Keep Hope Alive has made the decision to refrain from consistent participation the Boys and Girls Club after school program for all consumers. At such time as KHA sees fit for any participation in the Boys and Girls Club for social/community inclusion two (2) Keep Hope Alive Staff will be present for the duration. Oversight of this transition/implementation has been given to Kevin Faison, QP, Service Director.  In addition, no Keep Hope Alive enrollee has participated in the Boys and Girls Club afterschool program since 1-12-2018. Directly following our site visitation.	1/12/18

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

*Deni Kelly, LP, LCA-S, CTS*

TITLE

*Clinical Consultant 5-1-18*

(X6) DATE

STATE FORM

6899

MRS911

If continuation sheet 1 of 4

1/21/18  
original date of compliance

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl074-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/11/2018</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KESWICK MANOR- KEEP HOPE ALIVE HUMAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 SE GREENVILLE BLVD GREENVILLE, NC 27858</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 296	<p>Continued From page 1</p> <p>asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide the minimum number of staff for ensuring supervision when they are away from the facility affecting 2 of 3 audited clients (#1 and #3). The findings are:</p> <p>Finding #1: Review on 01/10/18 of client #1's record revealed: - 15 year old male. - Admission date of 02/09/16. - Diagnosis of Schizoaffective Disorder-Depressive Type.</p> <p>Review on 01/11/18 of a Person-Centered Profile (PCP) dated 02/01/17 revealed: - "How Best To Support...[Client #1] 'I need people to believe me when I say I see things and when I'm suicidal' Recommendation for [Client</p>	V 296	<p><b>In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing</b></p> <p><b>As recorded in 10A NCAC V296 27G .1704</b></p> <p>Keep Hope Alive strives to meet compliance at all levels. In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing. Keep Hope Alive has made the decision to refrain from consistent participation the Boys and Girls Club after school program for all consumers. At such time as KHA sees fit for any participation in the Boys and Girls Club for social/community inclusion two (2) Keep Hope Alive Staff will be present for the duration. Oversight of this transition/implementation has been given to Kevin Faison, QP, Service Director.</p> <p>In addition, no Keep Hope Alive enrollee has participated in the Boys and Girls Club afterschool program since 1-12-2018. Directly following our site visitation.</p>	<p>1/12/18</p> <p>1/12/18</p>



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl074-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/11/2018</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KESWICK MANOR- KEEP HOPE ALIVE HUMAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 SE GREENVILLE BLVD GREENVILLE, NC 27858</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 296	<p>Continued From page 2</p> <p>#1] to remain in level Residential Level III and participation in Psychosexual therapy to assist with stabilization and management of symptoms and medication management. [Client #1] needs constant supervision and monitoring..."</p> <p>Interview on 01/10/18 client #1 stated: - He was in the 9th grade and attended a local school. - He was transported after school to a local youth center for activities. - The facility staff did not supervise him while he was at the youth center.</p> <p>Finding #2: Review on 01/10/18 of client #3's record revealed: - 16 year old male. - Admission date of 04/04/17. Diagnoses of Attention Deficit Hyperactivity Disorder-Combined Type, Intermittent Explosive Disorder, Oppositional Defiant Disorder, Unspecified Depressive Disorder and Autism Spectrum Disorder.</p> <p>Review on 01/11/18 of client #3's PCP dated 04/03/17 revealed: - "How Best to Support...[Client #3] needs a team approach to be successful. [Client #3] will require supervision, individual therapy, medication management, assistance with developing coping skill for his anger and aggression..."</p> <p>Interview on 01/10/18 client #3 stated: - He attended a local school and was in a local school. - He attended an after school program at a local youth center for activities. - Staff did not typically stay at the youth center with clients.</p>	V 296	<p><b>In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing</b></p> <p><b>As recorded in 10A NCAC V296 27G .1704</b></p> <p>Keep Hope Alive strives to meet compliance at all levels. In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing. Keep Hope Alive has made the decision to refrain from consistent participation the Boys and Girls Club after school program for all consumers. At such time as KHA sees fit for any participation in the Boys and Girls Club for social/community inclusion two (2) Keep Hope Alive Staff will be present for the duration. Oversight of this transition/implementation has been given to Kevin Faison, QP, Service Director.</p> <p>In addition, no Keep Hope Alive enrollee has participated in the Boys and Girls Club afterschool program since 1-12-2018. Directly following our site visitation.</p>	1/12/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>mhl074-139</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>01/11/2018</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KESWICK MANOR- KEEP HOPE ALIVE HUMAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1110 SE GREENVILLE BLVD GREENVILLE, NC 27858</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 296	Continued From page 3  Interview on 01/10/18 and 01/11/18 the Qualified Professional stated: - Client #1 and client #3 are transported to a local youth center for after school activities. - Staff did not stay at the youth center with the clients. - The youth center had staff which supervised the clients. - He understood facility staff were responsible for supervision of the clients while in the community.	V 296	<p><b>In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing</b></p> <p><b>As recorded in 10A NCAC V296 27G .1704</b></p> <p>Keep Hope Alive strives to meet compliance at all levels. In efforts to conform with V296 27G .1704 Residential Tx. Child/Adol – Min Staffing. Keep Hope Alive has made the decision to refrain from consistent participation the Boys and Girls Club after school program for all consumers. At such time as KHA sees fit for any participation in the Boys and Girls Club for social/community inclusion two (2) Keep Hope Alive Staff will be present for the duration. Oversight of this transition/implementation has been given to Kevin Faison, QP, Service Director.</p> <p>In addition, no Keep Hope Alive enrollee has participated in the Boys and Girls Club afterschool program since 1-12-2018. Directly following our site visitation.</p>	1/12/18