(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 04/19/2018 MHL074-140 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1419 SE GREENVILLE BOULEVARD **WILLOW MANOR** GREENVILLE, NC 27858 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 10 NCAC 27G .0209 .1700 Residential V 000 V 000 INITIAL COMMENTS Treatment Staff Secure for Children or Adolescents. An annual survey was completed on April 19, 2018. A deficiency was cited. V 118 27G .0209 Medication Requirements (c) Med Administration This facility is licensed for the following service Rules 1-5. Addressed Below category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or 57/18 Because Keep Hope Alive has chosen to Adolescents. implement utilization of pre-packaged medications. To further assure safety and V 118 V 118 27G .0209 (C) Medication Requirements compliance for administering medication by the residential facility all prescriptions when 10A NCAC 27G .0209 MEDICATION REQUIREMENTS said medications are presented to the (c) Medication administration: theses Pharmacist, upon receipt of (1) Prescription or non-prescription drugs shall prescriptions; to avoid future med errors and only be administered to a client on the written in efforts to support and address this current order of a person authorized by law to prescribe deficiency, KHA presentative will provide drugs. additional security for the accurate and (2) Medications shall be self-administered by secure administration each consumer's clients only when authorized in writing by the medication upon their entrance into the client's physician. (3) Medications, including injections, shall be program and also for all monthly refills, administered only by licensed persons, or by Kevin Faison and Kendelle Jackson (if unlicensed persons trained by a registered nurse, neither is available Brandon Lacy, House pharmacist or other legally qualified person and Manager) will review with the assigned privileged to prepare and administer medications. Pharmacy each prescription provided by the (4) A Medication Administration Record (MAR) of prescribing Doctor. Upon arrival at the all drugs administered to each client must be kept residential site designated personnel Michael current. Medications administered shall be Wallace, Owner/House Manager recorded immediately after administration. The MAR is to include the following: Earlene Andrews Compliance/Safety Officer (A) client's name; will review/compare previous documentation (B) name, strength, and quantity of the drug; then assure accuracy of MAR Sheet each (C) instructions for administering the drug; consumers medication. The MAR sheet will (D) date and time the drug is administered; and allow documentation for any issues which are (E) name or initials of person administering the notable regarding medications. Medications drug. will not be initialed or signed off prior to (5) Client requests for medication changes or administration of any medications checks shall be recorded and kept with the MAR file followed up by appointment or consultation Division of Health Service Regulation

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

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL074-140 04/19/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1419 SE GREENVILLE BOULEVARD **WILLOW MANOR GREENVILLE, NC 27858** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) V 118 3/7/18 V 118 Continued From page 1 10 NCAC 27G .0209 .1700 Residential with a physician. Treatment Staff Secure for Children or Adolescents. V 118 27G .0209 Medication Requirements (c) Med Administration Rules 1-5. Addressed Below This Rule is not met as evidenced by: Based on record reviews and interviews, the Because Keep Hope Alive has chosen to 5/1/19 facility failed to administer medications as implement utilization of pre-packaged ordered by the physician and maintain an medications. To further assure safety and accurate MAR affecting 2 of 3 clients audited compliance for administering medication by (clients #1, #2). The findings are: the residential facility all prescriptions when said medications are presented to the Finding #1: Review on 4/19/18 of client #2's record revealed: Pharmacist. upon receipt of theses prescriptions; to avoid future med errors and -15 year old male admitted 3/26/18. -Diagnoses included conduct disorder, rule out in efforts to support and address this current disruptive mood dysregulation disorder, deficiency, KHA presentative will provide Benzodiazepine use disorder, marijuana use additional security for the accurate and disorder, and post traumatic stress disorder secure administration each consumer's (PTSD). medication upon their entrance into the -Orders dated 3/19/18 as follows: program and also for all monthly refills, Clonidine 0.2 mg (milligrams), 1 at 6pm Kevin Faison and Kendelle Jackson (if (Attention Deficit Hyperactive Disorder (ADHD) in children: high blood pressure) neither is available Brandon Lacy, House -Melatonin 3 mg, 1 at 6pm (Sleep aid) Manager) will review with the assigned -Quetiapine 100mg, 1 at 6pm (Mental/mood Pharmacy each prescription provided by the disorders) prescribing Doctor. Upon arrival at the -Fluoxetine 40 mg every am (Depression) residential site designated personnel Michael Wallace, Owner/House Manager Review on 4/19/18 of client #2's March 2018 and Earlene Andrews Compliance/Safety Officer April 2018 MARs revealed: will review/compare previous documentation -Medications scheduled to be administered at then assure accuracy of MAR Sheet each 6pm (Clonidine, Melatonin, and Quetiapine) had been documented as given on 4/19/18. (MARs consumers medication. The MAR sheet will had been reviewed between 3 pm and 4 pm.) allow documentation for any issues which are -Fluoxetine 40 mg had not been transcribed to notable regarding medications. Medications the March 2018 MAR. No documentation will not be initialed or signed off prior to Fluoxetine 40 mg had been administered in administration of any medications

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March 2018.

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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 04/19/2018 MHL074-140 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1419 SE GREENVILLE BOULEVARD **WILLOW MANOR GREENVILLE, NC 27858** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 118 V 118 Continued From page 2 10 NCAC 27G .0209 .1700 Residential 5/7/18 Treatment Staff Secure for Children or Telephone interview on 4/19/18 with pharmacy Adolescents. staff revealed: V 118 27G .0209 Medication Requirements -All of client #2's prescriptions, to include Fluoxetine 40 mg daily, were received (c) Med Administration electronically in the pharmacy on 3/29/18, . Rules 1-5. Addressed Below -She could not explain why Fluoxetine order had not printed on the MARs. Because Keep Hope Alive has chosen to -The March MAR would have been printed by the implement utilization of pre-packaged pharmacy on 3/29/18 (medications documented medications. To further assure safety and starting 3/26/18). compliance for administering medication by the residential facility all prescriptions when Finding #2: said medications are presented to the Review on 4/19/18 of client #1's record revealed: Pharmacist, upon receipt of theses -13 year old male admitted 5/11/17. -Diagnoses included Dysregulation, ADHD prescriptions; to avoid future med errors and Combined, oppositional defiant disorder, PTSD. in efforts to support and address this current -Order dated 2/23/18 for Chlorpheniramine 4 mg. deficiency, KHA presentative will provide 1 tablet every 6 hours as needed (PRN) for additional security for the accurate and allergies. secure administration each consumer's medication upon their entrance into the Review on 4/19/18 of client #1's January. program and also for all monthly refills, February, and April 2018 MARs revealed: Kevin Faison and Kendelle Jackson (if -Chlorpheniramine 4 mg was documented as neither is available Brandon Lacy, House administered daily. Manager) will review with the assigned -No times were documented when the medication Pharmacy each prescription provided by the had been administered. prescribing Doctor. Upon arrival at the Observations 4/19/18 at 4:15pm of client #1's residential site designated personnel Michael medications on hand revealed: Wallace, Owner/House Manager -1 Bubble pack labeled "Chlorpheniramine 4 mg" Earlene Andrews Compliance/Safety Officer with 5 tablets remaining. will review/compare previous documentation -Dispense date read, 2/23/18. then assure accuracy of MAR Sheet each Interview on 4/19/18, staff #16 stated client #1 consumers medication. The MAR sheet will requested his allergy medicine allow documentation for any issues which are (Chlorpheniramine) every night and that was notable regarding medications. Medications when he administered the medication. will not be initialed or signed off prior to administration of any medications Interview on 4/19/18 the Qualified Professional

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 04/19/2018 MHL074-140 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1419 SE GREENVILLE BOULEVARD **WILLOW MANOR** GREENVILLE, NC 27858 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 3 5/11/18 10 NCAC 27G .0209 .1700 Residential (QP) stated: Treatment Staff Secure for Children or -It was possible they had a hand written March Adolescents. 2018 MAR for client #2 in the Licensee's office V 118 27G .0209 Medication Requirements that documented Fluoxetine had been administered. If there was no MAR available (c) Med Administration from the pharmacy, staff would make a hand Rules 1-5. Addressed Below written MAR. Once the MARs were received from the pharmacy, the staff would copy their Because Keep Hope Alive has chosen to documentation from the hand written MARs to the implement utilization of pre-packaged pharmacy provided MARs. medications. To further assure safety and -He speculated client #2's 6 pm medications had compliance for administering medication by not been administered ahead of the scheduled the residential facility all prescriptions when dosing time on 4/19/18, but were pre-signed. said medications are presented to the Staff #16, who was on duty, may have pre-signed upon receipt of theses knowing he would be the staff to administer the Pharmacist. prescriptions; to avoid future med errors and medications at 6 pm. -He spoke with staff #16 and confirmed, client in efforts to support and address this current #2's medications scheduled to be administered deficiency, KHA presentative will provide 4/19/18 at 6 pm had been pre-signed on the MAR additional security for the accurate and and had not been administered. secure administration each consumer's -PRN medications were not routinely dispensed; medication upon their entrance into the they were dispensed when requested by the program and also for all monthly refills, Kevin Faison and Kendelle Jackson (if -QP could not explain how client #1 could have 5 neither is available Brandon Lacy, House Chlorpheniramine 4 mg tablets on hand from a Manager) will review with the assigned card dispensed on 2/23/18 if he had been given the medication daily as documented on the MAR. Pharmacy each prescription provided by the prescribing Doctor. Upon arrival at the Due to the failure to accurately document residential site designated personnel Michael medication administration it could not be Wallace, Owner/House Manager determined if clients received their medications Earlene Andrews Compliance/Safety Officer as ordered by the physician. will review/compare previous documentation then assure accuracy of MAR Sheet each consumers medication. The MAR sheet will allow documentation for any issues which are notable regarding medications. Medications will not be initialed or signed off prior to administration of any medications

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