


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhi074-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/20/2019
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NAME OF PROVIDER OR SUPPLIER  KESWICK MANOR- KEEP HOPE ALIVE HUMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858	
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(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 February 20, 2019. Deficiencies were cited.  This facility is cited for the following service category: 10A NCAC 27G .1700, Residential Treatment Staff Secure for Children and Adolescents.	V 000	V 118 27G .0209(c) Medication Requirements.	3-1-19
V 118	27G .0209 (C) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	V 118	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.  Infraction - no physician's order to specify to self-administer.  This infraction has currently been corrected: The primary care physician has signed order to allow consumer to self-administer his topical gel 2 times a day. Effective March 6, 2019.  Keep Hope Alive staff have been reviewed in protocol for administering topical medications. Reinforcing the need for physician's order associated with his medication and process for topical self-administering. This is to assure appropriate measures are taken in the future to avoid any future infractions of not obtaining a physician's order for topical as well as any and all other medications prescribed for any and all consumers.	3-1-19

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	<i>Kelly LCMS, LP</i>	TITLE	<i>Clinical Consultant</i>	(X6) DATE 3-5-2019
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STATE FORM

5899

L5S911

If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhl074-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/20/2019
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NAME OF PROVIDER OR SUPPLIER  
**KESWICK MANOR- KEEP HOPE ALIVE HUMAN**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**1110 SE GREENVILLE BLVD  
GREENVILLE, NC 27858**

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V 118

Continued From page 1  
with a physician.

This Rule is not met as evidenced by:  
Based on record review and interviews the facility failed to obtain a physician's order to self-administer medications for 1 of 3 audited clients (#1). The findings are:

Review on 2/19/19 of client #1's record revealed:  
- 15 year old male admitted to the facility 3/8/18.  
- Diagnoses included Bipolar Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, and Acne.  
- Physician's order signed 6/13/18 for Benzaclin Gel 1-5% (treats acne), apply to affected areas twice daily.  
- No physician's order authorizing client #1 to self-administer any medication  
- MARs for November 2018 - February 2019 included staff documentation that Benzaclin Gel had been administered twice daily.

During interview on 2/19/19 client #1 stated he took his medications every day. He would ask for his Benzaclin Gel twice a day, in the morning and at night, and staff would give it to him. He would rub the gel on his face and sometimes on his back. The gel was for his acne.

During interview on 2/20/19, staff #1 stated client #1 took his medications daily, including his Benzaclin Gel. Sometimes staff would apply the gel, sometimes they would give it to the client and he would apply it.

V 118

**V 118 27G .0209(c) Medication Requirements.**

10A NCAC 27G .0209 MEDICATION REQUIREMENTS  
(c) Medication administration:  
(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.  
(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.

**Infraction - no physician's order to specify to self-administer.**

**This infraction has currently been corrected: The primary care physician has signed order to allow consumer to self-administer his topical gel 2 times a day. Effective March 6, 2019.**

Keep Hope Alive staff have been reviewed in protocol for administering topical medications. Reinforcing the need for physician's order associated with his medication and process for topical self-administering. This is to assure appropriate measures are taken in the future to avoid any future infractions of not obtaining a physician's order for topical as well as any and all other medications prescribed for any and all consumers.

3-1-19

3-1-19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  1111074-159	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R 02/20/2019
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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>
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V 118	Continued From page 2 During interview on 2/19/19 the Qualified Professional stated client #1 would apply his Benzaclin Gel himself since it was a topical. He would request a physician's order for client #1 to self-administer his topical acne treatment.	V 118	See Previous Page(s)	
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observations and interviews the facility was not maintained in a safe, clean, orderly manner and free from offensive odors. The findings are:  Observations of the facility on 2/19/19 at approximately 10:40 am revealed: - Windows in each of the bedrooms were extremely difficult to open, creating a safety hazard in the event of an evacuation emergency. - The drawer fronts and cabinet doors under the sink in the kitchen were dirty. - Dried food splatters inside the microwave. - Dried food and liquid splatters on the side of the cabinets on each side of the stove. - A chair at the dining table with a loose back rest. - A sour odor in client #1's bedroom. - The blades on client #1's ceiling fan were heavily dusty. - Metal brackets for a towel rack, but no towel	V 736	<b>V-736 27G .0303(c) Facility and Grounds Maintenance</b> <b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b> (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  Keep Hope Alive is currently in contract with a Repair person who is in the process of completing each of the detailed cited during the visitation. The repair person has been presented with each cited infraction for correction/completion. In addition, Keep Hope Alive hired and paid a cleaning service provider to come in to provide deep/sanitizing cleaning, which was completed 3/5/19. The full/final completion date for repairs and final deep cleaning is scheduled for March 15, 2019. Kevin Faison, Service Director and Earlene Andrews, Safety Manager Officer are assigned to review each completed task cited and document in writing and with pictures at completion.	3-5-19  3-5-19

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NAME OF PROVIDER OR SUPPLIER  KESWICK MANOR- KEEP HOPE ALIVE HUMAN			STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858		
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V 736	Continued From page 3 rack in client #1's bathroom. - The light switch on the wall in client #1's bathroom did not work. - Broken slats in the window blinds in client #2's bedroom. - A slight urine like odor in client #2's bedroom and closet. - 1 light bulb in a 3 bulb fixture was not working. - A window in client #2's bedroom was blocked by furniture. - 1 light bulb in a 3 bulb fixture in client #3's bedroom was not working. - A sour odor in client #3's bedroom. - The legs of client #3's bed were missing from the foot of his bed, leaving the head of the bed elevated approximately 6 - 8 inches higher than the foot; a wooden support from the underside of the bed was resting on the floor. - The ceiling air vent in client #4's bedroom was heavily dusty. - 2 approximately 3 feet long by approximately 1/2 inch linear areas in the carpet were missing carpet pie exposing the mesh in client #4's bedroom. - None of the bedrooms were equipped with bedside tables. - A crack in the wall beside the fireplace in the front "social room." - 1 light bulb in a 4 bulb fixture in the TV room adjacent to the kitchen was not working. - Paint on the door frame in the hall bathroom was peeling. - Damage to the wall over the sink in the hall bathroom. - The lights over the hall bathroom sink did not work. - Paint on the wall behind and next to the toilet tank was peeling. - 1 drawer pull and 1 door handle were missing under the bathroom sink.	V 736	Windows have been loosed and are at this time easily accessible for safety/cvacuation/emergency.  Drawer fronts and cabinet doors under the sink have been cleaned; as well as the dried food splatters inside the microwave, dried food and liquid splatters on the side of the cabinets on each side of the stove.  Chair at the dining table with a loose back rest has been repaired.  A sour odor in client #1's bedroom; a new mattress, freshly cleaned linens, with mopping/washing/sanitizing of the curtains, floor and walls;  The blades on client #1's ceiling fan were heavily dusty; are now cleaned  Metal brackets for a towel rack, but no towel; clean towels are hung on the brackets; towels to be replaced daily.  The light switch on the wall in client bathroom did not work; is working correctly, it actually is accessed from the light panel not from the switch on the wall.  Broken slats in the window blinds in client bedroom, all broken window blinds have been replaced.  A slight urine like odor in client #2's bedroom; and closet a new mattress, freshly cleaned linens, with mopping/washing/sanitizing of the curtains, floor and walls; inclusive of the closet walls, shelf a floor.	3-15-19  3-15-19  3-15-19  3-15-19  3-15-19  3-15-19  3-15-19	

Division of Health Service Regulation

STATE FORM

6899

L5S911

If continuation sheet 4 of 5

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V 736	Continued From page 4 <ul style="list-style-type: none"> <li>- A gap approximately 1.5 - 2 inches wide at the back corner and top of the bath tub; the tub appears to have settled away from the walls causing the gap.</li> <li>- Damage to the wall at the floor next to the bath tub.</li> <li>- Black mildew stains around the bath tub spout.</li> <li>- A crack, approximately 3 inches long on the soap ledge of the bath tub.</li> <li>- The exhaust vent in the hall bathroom was heavily coated with dust.</li> <li>- Wooden window frames throughout the facility had extensive black splotchy stains.</li> <li>- Organic matter, including dead insects, was seen in windows throughout the facility.</li> </ul> <p>During interviews on 2/13/19 and 2/20/19, the Qualified Professional stated:</p> <ul style="list-style-type: none"> <li>- Client #2 would urinate in his bedroom air vents and on the clothing in his drawers and in his closet when angry.</li> <li>- They would put kitty litter in the air vents to absorb the urine and use a "shop vac" to clean it out, and then disinfect it.</li> <li>- Client #2's team discussed keeping his clothing in the facility office but decided against it.</li> <li>- He was not aware client #3's bed was broken.</li> <li>- Client #3 would "flop" onto his bed and break it.</li> <li>- Client #3's bed had been replaced before; he would see about getting another new bed for client #3.</li> <li>- The windows in the bedrooms were difficult to open; some seemed to be "stuck"; he would see about getting them repaired.</li> </ul>	V 736	<p>A gap approximately 1.5 - 2 inches wide at the back corner and top of the bath tub; the tub appears to have settled away from the walls causing the gap. Purchase of replacement items related to filling in and closing the gap at the back of the tub and connecting wall is in process, to be complete by 3/15/2019.</p> <p>Damage to the wall at the floor next to the bath tub. Purchase of replacement items related to address the damage to the wall at the floor of the bath tub is in process, to be complete by 3/15/2019</p> <p>Black mildew stains around the bath tub spout, have been sanitized and received deep cleaning.</p> <p>A crack, approximately 3 inches long on the soap ledge of the bath tub. Purchase of replacement items related to filling in and closing the crack on the soap ledge of the bath tub is in process, to be complete by 3/15/2019</p> <p>The exhaust vent in the hall bathroom was heavily coated with dust; dusted thoroughly and cleaned.</p> <p>Wooden window frames throughout the facility had extensive black splotchy stains; have been sanitized and received deep cleaning.</p> <p>Organic matter, including dead insects, was seen in windows throughout the facility; have been sanitized and received deep cleaning.</p>	<p>3-15-19</p> <p>3-15-19</p> <p>3-15-19</p> <p>3-15-19</p> <p>3-15-19</p> <p>3-15-19</p>
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## STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER mhi074-139	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/20/2019	Y3
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NAME OF FACILITY KESWICK MANOR- KEEP HOPE ALIVE HUMAN SERVICES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0296 Reg. # 27G.1704 LSC	Correction Completed 02/20/2019	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Carrie Johnson</i>	DATE 2/20/19
REVIEWED BY CMS RO	<input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Kim Kelly, Room 4501</i> Facility Compliance Consultant I	DATE <i>2/20/19</i>
FOLLOWUP TO SURVEY COMPLETED ON 1/11/2018			<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <span style="float: right;"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>		

**Keep Hope Alive, LLC**  
Kevin Faison, QP Service Director  
Kim Kelly, LCAS

## FAX

**Keep Hope Alive, LLC**  
Fax # 252-353-9912  
MHL #074139 – Keswick Manor  
1110 SE Greenville, Blvd, Greenville, NC 27834  
Contact Number: 252-814-0026 Kevin Faison

Date: 03/08/2019

To: Connie Anderson, Facility Compliance Consultant 1  
MH Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center

Re: Plan of Corrections, Keswick

From: Kevin Faison, Service Director & Kim Kelly, Clinical Consultant

Comments: Original Plan has been mailed. This copy is to assure receipt of requested information, in case of mail delay and/or loss.