

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 02/06/2020
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed February 6, 2020. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children and Adolescents.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

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V 118	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the medications were administered as ordered by the physician, and the MARs kept current/accurate, affecting 2 of 3 audited clients (clients #3 and #4). The findings are:</p> <p>Finding #1: Review on 2/4/2020 of client #3's record revealed: -16 year old male admitted 3/7/18. -Diagnoses included ADHD-Combined Type and Post Traumatic Stress Disorder-Chronic, Borderline Intellectual Functioning. Orders dated 11/8/19 included the following: -Haldol 5mg 1 tablet in the morning and 1 at 6:00pm.</p> <p>Review on 2/4/2020 of client #3's MARs revealed: Blanks reviewed on the MARs on the following dates: December 2019 -Haldol 12/31/19 at 6:00pm</p> <p>Finding #2: Review on 2/4/2020 of client #4's record revealed: -15 year old male. -Admission date 6/8/18. -Diagnoses included Disruptive Mood Dysregulation Disorder, ADHD-Combined, Conduct Disorder/Adolescent-Onset Type, History of Sexual Abuse in Childhood and Post Traumatic</p>	V 118		

Division of Health Service Regulation

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V 118	<p>Continued From page 2</p> <p>Stress Disorder. Orders dated 1/10/20 included the following: -Cephalexin (used to treat bacterial infections) 500mg 4 times daily for 5 days. -Triamcinolone (used to treat eczema) 0.025% Ointment apply twice daily for 5 days.</p> <p>Review on 2/4/2020 of client #4's MARs revealed: Blanks reviewed on the MARs on the following dates: January 2020 -Cephalexin 1/17/20 at 4:00pm and 8:00pm. -Triamcinolone 1/17/20 at 8:00pm.</p> <p>Interview on 2/5/20 Client #3 stated: -He took his medications all the time. -He had not refused his medications. -His medication had always been available.</p> <p>During interviews on 2/4/20 Client #4 informed this surveyor that he did not want to be interviewed.</p> <p>Interview on 2/6/20 Staff #2 stated: -The clients had always received their medications.</p> <p>Interview on 2/6/20 Staff #6 stated: -He mainly works weekends. -Not any of the clients had refused their medications.</p> <p>Interview on 2/5/20 the House Manager stated: -Medications for all clients are always available. -There should not be blanks in the MARs. -A blank would mean the staff had forgot to document the medication was administered. -They are currently working with staff on the documenting on the MARs. -He understood the MARs had to be kept current.</p>	V 118		

Division of Health Service Regulation

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V 118	Continued From page 3 Interview on 2/6/20 the Qualified Professional stated: -Blanks in the MARs are due to the staff forgetting to document. -Medications had always been available. -The staff would be trained. -He understood the MARs had to be kept current. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 4</p> <p>require the following:</p> <p>(1) removal from home to a community-based residential setting in order to facilitate treatment; and</p> <p>(2) treatment in a staff secure setting.</p> <p>(e) Services shall be designed to:</p> <p>(1) include individualized supervision and structure of daily living;</p> <p>(2) minimize the occurrence of behaviors related to functional deficits;</p> <p>(3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint;</p> <p>(4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and</p> <p>(5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting.</p> <p>(f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care.</p> <p> </p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to coordinate with other individuals and agencies within the child or adolescent's system of care for two of three audited clients (#3 and #4). The findings are:</p>	V 293		

Division of Health Service Regulation

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V 293	<p>Continued From page 5</p> <p>Finding #1: Review on 2/4/2020 of client #3's record revealed: -16 year old male. -Admission date 3/7/18. -Diagnoses included ADHD-Combined Type and Post Traumatic Stress Disorder-Chronic, Borderline Intellectual Functioning. Review on 2/5/20 of an after visit summary dated 4/24/19 for client #3 revealed: -Needs to see optometry for glasses. -No additional follow up for an optometry appointment.</p> <p>During interview on 2/5/20 client #3 revealed: -He had lost his glasses about 1 year ago. -His vision is 19/20. -He would wear his glasses if he had them.</p> <p>During interview on 2/6/20 Guardian stated: -Client #3 had eye glasses when he was admitted to the facility. -She informed the Qualified Professional (QP) that Client #3 needed glasses in December. -She was not aware of the 4/24/19 after visit summary.</p> <p>During interview on 2/5/20 the QP stated: -He had recently learned that Client #3 needed glasses. -Client #3 has an upcoming appointment.</p> <p>Finding#2 Review on 2/4/2020 of client #4's record revealed: -15 year old male. -Admission date 6/8/18. -Diagnoses included Disruptive Mood Dysregulation Disorder, ADHD-Combined, Conduct Disorder/Adolescent-Onset Type, History</p>	V 293		

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V 293	<p>Continued From page 6</p> <p>of Sexual Abuse in Childhood and Post Traumatic Stress Disorder. Review on 2/5/20 of an after visit summary dated 5/31/19 revealed: -Current concern- abnormal vision screen. -Referral to optometry. -No additional follow up for an optometry appointment.</p> <p>Attempted interview on 2/4/20 and 2/5/20 Client #4 stated: -He is ok. -He did not want to be interviewed this time.</p> <p>During interview on 2/6/20 Client #4's guardian stated: -She was not aware Client #4 was referred to optometry. -She was not aware he had refused to go to the appointment. -She would have discussed the appointment with Client #4 if she had known.</p> <p>During interview on 2/5/20 the QP stated: -Client #4 refused to go to an optometry appointment. -He had not made an appointment for optometry due to Client #4's refusal to go. -He understood that Client #4 should have seen the optometrist.</p>	V 293		
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being</p>	V 539		

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V 539	<p>Continued From page 7</p> <p>provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to provide accessible areas for personal privacy, affecting one of three audited clients (#2). The findings are:</p> <p>Review on 2/4/2020 of client #2's record revealed: -14 year old male. -Admission date 9/18/17. -Diagnoses included Autism Spectrum Disorder, Attention Deficit Hyperactive Disorder (ADHD) and Post Traumatic Stress Disorder. -Individual support plan (ISP) completed 8/2/19 with no strategies to include a camera being used.</p> <p>Observations during a tour of the facility on 2/4/20 at approximately 10:00am revealed: -A surveillance camera in the right corner of the hallway. -The inside of Client #2's bedroom (bed visible) when the House Manager accessed the camera on his cell phone 2/5/20.</p>	V 539		

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V 539	<p>Continued From page 8</p> <p>Interview on 2/4/19 with Client #2 stated: -He knew there was a camera in the hall. -He did not know if the camera could see inside his room. -He likes to be in his room with his door opened and closed.</p> <p>Interview on 2/5/20 the House Manager stated: -He did not know the camera was pointed towards Client #2's room. -He did not know that the inside of Client #2's bedroom was visible through the camera. -They could adjust the camera.</p> <p>Interview on 2/6/20 the Qualified Professional stated: -They use the camera to see when all clients are coming out of their rooms. -He did not know the inside of Client #2's bedroom was visible from the camera. -The cameras had been adjusted before. -He would ensure the camera was adjusted so that it's not pointed toward Client #2's bedroom.</p>	V 539		