

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>02/06/2020</b>
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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	<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	<p><i>Cont. from previous page</i></p> <p>appropriate documentation for medication administration. Moving forward any medication error will be noted and documented and turn in to Kevin Faison for submission appropriate agencies/entities. So far, no further MAR infractions have been found with KHA medication entries to assure this matter has been fully resolved. However, KHA began on 3/6/2020 with follow up protocol on the authentication process will follow up reviews continued on a weekly basis through to assure ongoing appropriate administration of medications daily for consumers. This is to assure appropriate measures are taken in the future to avoid any future infractions related to medications not being accurately and appropriately documented.</p> <p><i>See following pages</i></p>	<p><i>3/5/20</i></p> <p><i>3/5/20</i></p>
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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	<p>V 118 27G .0209(C)</p> <p>Keep Hope Alive initiated follow up Medication Administration training to address infraction by having our contracted RN, Nurse, Joyce Cherry completing to follow up training on 3/4/2020 for KHA Staff. Additionally, KHA implements the following protocol for assurance that administration medication is appropriately and accurately documented. The protocol is as follows: For 30 days which began 2/5/2020 through 3/5/2020 KHA House managers (2) Anthony Kendelle Jackson and Earlene Andrews performed reviews of MAR medication documentation. Earlene Andrews reviewed the MAR at the end of night shift which ends 7am prior to program participants leaving the home for their daily functions. Anthony Jackson will review at 11pm prior to leaving the shift for the day; Both Anthony and Earlene are at the home daily as they carry out their day to day job function(s) as house managers. They will have assured consistent, accurate and appropriate documentation for medication administration. Moving forward any medication error will be noted and documented and turn in to Kevin Faison for submission appropriate agencies/entities. So far, no further MAR infractions have been found with KHA medication entries to assure this matter has been fully resolved. However, KHA began on 3/6/2020 with follow up protocol on the authentication process will follow up reviews continued on a weekly basis through to assure ongoing</p>	3/5/20
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V 118	<p>Continued From page 3</p> <p>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.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118	<p><i>Continued From Previous Page</i></p> <p>appropriate administration of medications daily for consumers. This is to assure appropriate measures are taken in the future to avoid any future infractions related to medications not being accurately and appropriately documented.</p>	3/5/20
V 293	<p>27G .1701 Residential Tx. Child/Adol - Scope</p> <p>10A NCAC 27G .1701 SCOPE</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The children or adolescents served shall</p>	V 293	<p>V 293 27G 1701 10A NCAC</p> <p>Keep Hope Alive has initiated a new policy to accommodate destruction, loss or damage to consumer's glasses. This policy will be followed up on documentation in the intake related to necessities for health and wellness. KHA will take on the cost for replacement, initially seeking recoupment from DSS or parental entity. In addition, if recoupment is not available KHA will absorb the cost, writing it off on their taxes. This policy has been updated as an addendum made in the Policy and Procedure scheduled for posting in April 5<sup>th</sup> quarterly minutes. This correction was made 2/10/2020</p>	2/10/20

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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>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	<p><b>V 293 27G 1701 10A NCAC</b></p> <p>Keep Hope Alive has initiated a new policy to accommodate destruction, loss or damage to consumer's glasses. This policy will be followed up on documentation in the intake related to necessities for health and wellness. KHA will take on the cost for replacement, initially seeking recoupment from DSS or parental entity. In addition, if recoupment is not available KHA will absorb the cost, writing it off on their taxes. This policy has been updated as an addendum made in the Policy and Procedure scheduled for posting in April 5<sup>th</sup> quarterly minutes. This correction was made 2/10/2020</p> <p>See comments on following page</p>	<p>2/10/20</p> <p>2/10/20</p>

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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	<p><b>V 293 27G 1701 10A NCAC</b> Keep Hope Alive has initiated a new policy to accommodate destruction, loss or damage to consumer's glasses. This policy will be followed up on documentation in the intake related to necessities for health and wellness. KHA will take on the cost for replacement, initially seeking recoupment from DSS or parental entity. In addition, if recoupment is not available KHA will absorb the cost, writing it off on their taxes. This policy has been updated as an addendum made in the Policy and Procedure scheduled for posting in April 5<sup>th</sup> quarterly minutes. This correction was made 2/10/2020</p>	2/10/20
V 539	<p>27F .0102 Client Rights - Living Environment</p> <p>10A NCAC 27F .0102 LIVING ENVIRONMENT</p> <p>(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	<p><b>V 539 27F .0102 10A NCAC</b> In seeking to resolve the issue of the surveillance camera viewing deficiency which noted as exposing the bed of a consumer as visible, showing from in the Camera in right corner of the hallway. KHA attests and affirms that the Camera has viewing/vantage point has been adjusted and no part of any consumer's bed or inside of their rooms in visible. This correction was made 2/5/2020.</p>	2/5/20

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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.</p> <p>(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	<p><b>V 539 27F .0102 10A NCAC</b> In seeking to resolve the issue of the surveillance camera viewing deficiency which noted as exposing the bed of a consumer as visible, showing from in the Camera in right corner of the hallway. KHA attests and affirms that the Camera has viewing/vantage point has been adjusted and no part of any consumer's bed or inside of their rooms in visible. This correction was made 2/5/2020.</p> <hr/> <p><b>V 539 27F .0102 10A NCAC</b> In seeking to resolve the issue of the surveillance camera viewing deficiency which noted as exposing the bed of a consumer as visible, showing from in the Camera in right corner of the hallway. KHA attests and affirms that the Camera has viewing/vantage point has been adjusted and no part of any consumer's bed or inside of their rooms in visible. This correction was made 2/5/2020.</p>	<p>2/5/20</p> <p>2/5/20</p>

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

**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

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To: Latisha Grant  
Facility Compliance Consultation I  
Mailing: 2718 Mail Service Center  
Raleigh, NC 27699-2718  
MH Licensure & Certification Section  
Fax 919-715-8078

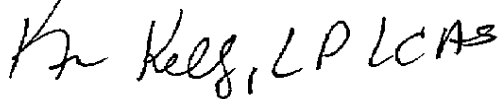
March 6, 2020

Greetings

Thank you for your courtesy during our last site visit. Please find attached our Plan of Correction To Address the following items:

- V 118 27G .0209 (C) 10A NCAC Medication Requirement deficiency
- V 293 27G .1701 10A NCAC Residential Tx. Child/Adol - Scope
- V 539 27F .0121 10A NCAC Client Rights Living Environment

Thank you,



Kim Kelly, LCAS, Clinical Consultant  
Keep Hope Alive, LLC

**RECEIVED**

By DHSR Mental Health Licensure & Certification at 11:45 am, Mar 09, 2020

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

**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

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- V 539 27F .0121 10A NCAC Client Rights Living Environment

Thank you,



Kim Kelly, LCAS, Clinical Consultant  
Keep Hope Alive, LLC

**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:

Medication Administration training to address infraction by having our contracted RN, Nurse, Joyce Cherry completing to follow up training on 3/4/2020 for KHA Staff. Additionally, KHA implements the following protocol for assurance that administration medication is appropriately and accurately documented. The protocol is as follows: For 30 days which began 2/5/2020 through 3/5/2020 KHA House managers (2) Anthony Kendelle Jackson and Earlene Andrews performed reviews of MAR medication documentation. Earlene Andrews reviewed the MAR at the end of night shift which ends 7am prior to program participants leaving the home for their daily functions. Anthony Jackson will review at 11pm prior to