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Division	of Health Service Re	egulation			···	, , , , , , , , , , , , , , , , , , ,
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPI	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		mhl074-139	B. WING		1	5/2020
	·····		<u> </u>		!	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
KESWIC	K MANOR- KEEP HO	DE ATIVE LIFIARAN	REENVILL			
KEUINO	ICHIAITOIC ICLE 110	GREENVI	LLE, NC 27	858		· · · · · · · · · · · · · · · · · · ·
(X4) !D		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD BE ACTION SHOULD		(X5) COMPLETE
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		DATE
TAG	REGULATURE DR L	30 (DEM) II TINO III OMBATION	iAG	DEFICIENCY)	1	:
			21.440			
V 118	Continued From pa	ige 1	V 118			
	with a physician.					
			1			
				0.500	L 2001	-16-
				Cont. From Previou		35/2
					for	
	This Rule is not me			appropriate documentation		
		views and interviews, the			loving	
	facility failed to ensi	ure the medications were	i	forward any medication error wi	n De	
		dered by the physician, and the		noted and documented and turn	m 10	
	MARs kept current	accurate, affecting 2 of 3	1	Kevin Faison for submission appro	priate	
	audited clients (clie	nts #3 and #4). The findings		agencies/entities. So far, no further	MAK	
	are:			infractions have been found with	KHA	
ļ				medication entries to assure this r	natter	
	Finding #1:		ļ	has been fully resolved. However,	KHA	
		of client #3's record		began on 3/6/2020 with follow	v up	
	revealed:	10545		protocol on the authentication pr	ocess	
	-16 year old male a	idmitted 3///18.	1	will follow up reviews continued	on a	
	-Diagnoses include	d ADHD-Combined Type and	1	weekly basis through to assure on	going	
		ess Disorder-Chronic,		appropriate administration of medic	ations	
	Borderline Intellect	uai Functioning.		daily for consumers. This is to	assure	
	Urders dated 11/8/	19 included the following:		appropriate measures are taken	n the	
		et in the morning and 1 at		future to avoid any future infra	ctions	
	6:00pm.			related to medications not	being	
	Poviou on 2/4/2020	of client #3's MARs revealed:		accurately and appropr	riately	
		the MARs on the following	1	documented.		
	dates:	i the mild of the following	1			
	December 2019					
	-Haldol 12/31/19 at	6:00pm]		
		. a. a - pr				-1-1-
	Finding #2:			See Following Pa	rge s	3/5/20
	Review on 2/4/2020	0 of client #4's record		266		
	revealed:					
	-15 year old male.					
	-Admission date 6/8	8/18.	1			
	-Diagnoses include					
	Dysregulation Disc	rder, ADHD-Combined,				
	Conduct Disorder/A	Adolescent-Onset Type, History	1			
	of Sexual Abuse in	Childhood and Post Traumatic				
ivision of H	ealth Service Regulation		· · · · · · · · · · · · · · · · · · ·	<u>,</u>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl074-139	B. WING		R 02/06/2020	
			20500 0574	OTATE TIP CODE	i CEIGGIECEG	
NAME OF	PROVIDER OR SUPPLIER		REENVILLE	STATE, ZIP CODE		
KESWIC	K MANOR- KEEP HO	DE ALIVE MINKAN	LLE, NC 27			
(X4) iD PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE	
V 118	Stress Disorder. Orders dated 1/10// -Cephalexin (used 500mg 4 times daily -Triamcinolone (used 0intment apply twice) Review on 2/4/2020 Blanks reviewed or dates: January 2020 -Cephalexin 1/17/2/ -Triamcinolone 1/17 Interview on 2/5/20 -He took his medicaly the had not refused his medication had buring interviews of this surveyor that he interviewed. Interview on 2/6/20 -The clients had always medications. Interview on 2/6/20 -He mainly works we not any of the client medications. Interview on 2/5/20 -Medications for ally the client medications on the document the medical or the document the medical or the document on the documenting on the documenting on the documenting on the document of the date of the documenting on the date of the date	20 included the following: to treat bacterial infections) y for 5 days. ed to treat eczema) 0.025% ce daily for 5 days. 0 of client #4's MARs revealed: the MARs on the following 0 at 4:00pm and 8:00pm. 7/20 at 8:00pm. Client #3 stated: ations all the time. d his medications. d always been available. 1 2/4/20 Client #4 informed the did not want to be Staff #2 stated: ways received their Staff #6 stated: reekends. Ints had refused their the House Manager stated: clients are always available. The blanks in the MARs. The staff had forgot to cation was administered. The working with staff on the	V 118	V 118 27G .0209(C) Keep Hope Alive initiated follo Medication Administration traini address infraction by having contracted RN, Nurse, Joyce Completing to follow up training 3/4/2020 for KHA Staff. Addition KHA implements the following profession of the protest as follows: For 30 days which 2/5/2020 through 3/5/2020 KHA managers (2) Anthony Kendelle Ja and Earlene Andrews performed reformed the managers (2) Anthony Kendelle Ja and Earlene Andrews performed reformed the managers (3) and the end of night shift which end prior to program participants leaved home for their daily functions. At Jackson will review at 11pm profession will review at 1	our Cherry our cherry on our cherry on on onally, otocol ration and ocol is began of the ocol is began occur ocol is began occur	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED		
					R	
	mhl074-139		B. WING			3/2020
PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
K MANOD KEEDUO	DE A: IVE HI MAA					
N MANOR- NEEP HO	PE ALIVE HUMAN	GREENVI	LLE, NC 27	858		
			ID DDECIV	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE
(EACH DEFICIENCY MUST BE PRECEDED BY FOLE REGULATORY OR LSC IDENTIFYING INFORMATION)			TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
Continued From pa	ge 3		V 118	Continued Fram Previo	us Page	,
stated: -Blanks in the MAR forgetting to docum-Medications had a -The staff would be -He understood the Due to the failure to medication adminis determined if clients as ordered by the part of the deficiency con and must be correct 27G .1701 Resident 10A NCAC 27G .17 (a) A residential trechildren or adolescent free-standing reside intensive, active the interventions within shall not be the primy who is not a client of the deficiency of the standing reside intensive, active the interventions within shall not be the primy who is not a client of the standing reside intensive, active the interventions within shall not be the primy who is not a client of the standing reside intensive, active the interventions within shall not be the primy who is not a client of the standing reside intensive.	is are due to the staff ent. Ilways been available, trained. MARs had to be kep accurately documentation it could not be received their medicity scian. Stitutes a re-cited defeted within 30 days. Itial Tx. Child/Adol - Statment staff secure fents is one that is a cential facility that prover apeutic treatment at a system of care approary residence of an of the facility.	ot current. Int Cations Cations Cope Cacility for Ides Ind Croach. It Individual	V 293	appropriate administration of medic daily for consumers. This is to appropriate measures are taken it future to avoid any future infractive related to medications not accurately and appropriate appropriate measures are taken it future to avoid any future infractive and appropriately and appropriately and appropriately and appropriately. V 293 27G 1701 10A NCAC Keep Hope Alive has initiated policy to accommodate destruction damage to consumer's glass policy will be followed	ations assure n the ctions being iately I a new ion, loss es. This up on	3/5/20 2/10/20
awake during client	sleep hours and sup	ervision		necessities for health and wellne will take on the cost for replanting recoupment from	ss. KHA acement, n DSS or	
(c) The population adolescents who had mental illness, emosubstance-related co-occurring disord disabilities. These not meet criteria for	ave a primary diagnos stional disturbance or disorders; and may al lers including develop children or adolescer r inpatient psychiatric	sis of lso have omental nts shall services.		parental entity. In addition, if rec is not available KHA will absorb writing it off on their taxes. The has been updated as an addending the Policy and Procedure sche posting in April 5th quarterly	the cost, dis policy am made duled for minutes.	
	PROVIDER OR SUPPLIER K MANOR- KEEP HOR SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Interview on 2/6/20 stated: -Blanks in the MAR forgetting to docum -Medications had a -The staff would be -He understood the Due to the failure to medication adminis determined if client as ordered by the p This deficiency con and must be correct 27G .1701 Residen 10A NCAC 27G .17 (a) A residential tre children or adolesc free-standing reside intensive, active the interventions within shall not be the prir who is not a client of (b) Staff secure me awake during client shall be continuous this Section. (c) The population adolescents who he mental illness, emo substance-related of co-occurring disord disabilities. These not meet criteria for	PROVIDER OR SUPPLIER EK MANOR- KEEP HOPE ALIVE HUMAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY) REGULATORY OR LSC IDENTIFYING INFORMAT Continued From page 3 Interview on 2/6/20 the Qualified Profess stated: -Blanks in the MARs are due to the staff forgetting to documentMedications had always been availableThe staff would be trainedHe understood the MARs had to be keep Due to the failure to accurately document medication administration it could not be determined if clients received their medical as ordered by the physician. This deficiency constitutes a re-cited defined must be corrected within 30 days. 27G .1701 Residential Tx. Child/Adol - Since standing residential facility that provintensive, active therapeutic treatment an interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within a system of care appoint intensive, active therapeutic treatment and interventions within and intensive, active therapeutic treatment and interventions within and intensive intensive intensits intensive intensive intensive intensive intensive intensive in	PROVIDER OR SUPPLIER STREET ADI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Interview on 2/6/20 the Qualified Professional stated: -Blanks in the MARs are due to the staff forgetting to documentMedications had always been availableThe staff would be trainedHe 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. 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	PROVIDER OR SUPPLIER IN MANOR- KEEP HOPE ALIVE HUMAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. 27G .1701 Residential Tx. 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PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE, NC 27858 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LISC IDENTIFYING INFORMATION) Continued From page 3 Interview on 2/6/20 the Qualified Professional stated: -Blanks in the MARs are due to the staff forgetting to documentMedications had always been availableThe staff would be trainedHe understood the MARs had to be kept current. Due to the failure to accurrately 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. 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 residence of an individual who is not a client of the facility. 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Due to the failure to accurately document medications had always been availableThe staff would be trainedThe staff would be train

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	N OF CORRECTION X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION NO BER: A. BUILDING:			(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858							
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE		
V 293	require the following (1) removal fr community-based re facilitate treatment; (2) treatment (2) treatment (4) include inc structure of daily livi (2) minimize trelated to functional (3) ensure sa control benaviors in management with o (4) assist the acquisition of adapti communication, so (5) support th gaining the skills ne intensive treatment (f) The residential tr shall coordinate with	om home to a esidential setting in order to and in a staff secure setting. The designed to: dividualized supervision and ng; the occurrence of behaviors deficits; fety and deescalate out of cluding πequent child or adolescent in the two functioning in self-control, tial and recreational skills; and e child or adolescent in eded to step-down to a less	V 293	V 293 27G 1701 10A NCAC Keep Hope Alive has initiated policy to accommodate destructio or damage to consumer's glasses policy will be followed u documentation in the intake relancessities for health and wellness will take on the cost for replacinitially seeking recoupment from I parental entity. In addition, if record is not available KHA will absorb the writing it off on their taxes. This has been updated as an addendum in the Policy and Procedure schedu posting in April 5th quarterly m. This correction was made 2/10/202	n, loss c. This p on ted to c. KHA ement, DSS or comment te cost, policy made lied for inutes.		
	facility failed to coordand agencies within	view and interviews, the dinate with other individuals the child or adolescent's vo of three audited clients (#3		See comments o following Page	n eliotro		

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Division	of Health Service Re	egulation			FURW APPRO	ט⊭עי
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY	
		DETTI IONITOTI HOMBER.	A. BUILDIN	G:	COMPLETED	
		mhl074-139	B. WING_		R 02/06/2020)
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	, STATE, ZIP CODE		
KESWIC	K MANOR- KEEP HO	PP ALIVE HINGAR	GREENVILL ILLE, NC 2			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ĺΩ	PROVIDER'S PLAN OF CORRECTIO	IN (X5))
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V 293	Continued From pa	ge 6	V 293			
		Childhood and Post Traumatic				
	Stress Disorder.			V 293 27G 1701 10A NCAC		
	Review on 2/5/20 of 5/31/19 revealed:	an after visit summary dated		Keep Hope Alive has initiated	a new	
	-Current concern- a	bnormal vision screen.		policy to accommodate destruction	on, loss 210	176
	-Referral to optome			or damage to consumer's glasse		
	-No additional follow appointment.	up for an optometry	į	policy will be followed u documentation in the intake rel		
	appointment.			necessities for health and wellness	,	
		on 2/4/20 and 2/5/20 Client		will take on the cost for replace		
	#4 stated:			initially seeking recoupment from		
	-He is ok. -He did not want to !	pe interviewed this time.		parental entity. In addition, if records is not available KHA will absorb the		
	The did het want to	oc merviewed and ame.		writing it off on their taxes. This		
		2/6/20 Client #4's guardian		has been updated as an addendum		
	stated: -She was not aware	Client #4 was referred to		in the Policy and Procedure schedu posting in April 5th quarterly m		
f	optometry.	One in the was relented to		This correction was made 2/10/202		
		he had refused to go to the				
	appointment.	cussed the appointment with				
	Client #4 if she had known.			-		
i	5				·	i
	-Client #4 refused to	2/5/20 the QP stated:				
	appointment.	go to an optomedy		·		
		n appointment for optometry				
F	due to Client #4's ref	usal to go. Client #4 should have seen		·		}
ĺ	the optometrist.	Client #4 should have seen		V 539 27F .0102 10A NCAC	2/8/2	ا ہ
	are optomoutou			In seeking to resolve the issue of	i me	
1 √√ 539	27F .0102 Client Rig	hts - Living Environment	V 539 V	surveillance camera viewing defici- which noted as exposing the bed	of a	
}	10A NCAC 27F .010	2 LIVING		consumer as visible, showing from it Camera in right corner of the hall		ľ
	ENVIRONMENT			KHA attests and affirms that the Car		
3	(a) Each client shall(1) an atmosph	nere conducive to		has viewing/vantage point has		
İ		luring scheduled sleeping		adjusted and no part of any consum bed or inside of their rooms in vis		
ļ		h the types of services being		This correction was made 2/5/2020.	IOIC.	
		·			!	f

ision of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		R		
	mhi074-139		B. WING	B. WING		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WEOUNG.	KILLION WEED US	1110 SF 6	REENVILLE			
KESWIC	K MANOR- KEEP HO	GREENVI	LLE, NC 27	858		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	=
V 539	(2) accessible for at least limited produced inapprobabilitation team. (b) Each client shath his room, or his porwith respect to choicand with respect for restrictions on this top.	pe of clients being served; and e areas for personal privacy, periods of time, unless opriate by the treatment or all be free to suitably decorate tion of a multi-resident room, ce, normalization principles, or the physical structure. Any freedom shall be carried out in everning body policy.	V 539	V 539 27F .0102 10A NCAC In seeking to resolve the issue of surveillance camera viewing defict which noted as exposing the bed consumer as visible, showing from Camera in right corner of the hal KHA attests and affirms that the Chas viewing/vantage point has adjusted and no part of any consubed or inside of their rooms in V. This correction was made 2/5/2020	of a in the lway. amera been amer's isible.	5
	interviews, the faciliareas for personal paudited clients (#2). Review on 2/4/2020 revealed: -14 year old maleAdmission date 9/1-Diagnoses include. Attention Deficit Hyland Post Traumatic Individual support with no strategies to used. Observations during at approximately 10-A surveillance camballwayThe inside of Clienters and interest to the surveillance camballway.	view, observation and lity failed to provide accessible privacy, affecting one of three of the findings are: Of client #2's record 18/17. If Autism Spectrum Disorder, peractive Disorder (ADHD) is Stress Disorder. It olan (ISP) completed 8/2/19 of include a camera being If a tour of the facility on 2/4/20 is 200 am revealed: If a tour of the right corner of the		V 539 27F .0102 10A NCAC In seeking to resolve the issue of surveillance camera viewing defice which noted as exposing the bed consumer as visible, showing from Camera in right corner of the halk HA attests and affirms that the Cahas viewing/vantage point has adjusted and no part of any consumed or inside of their rooms in violation.	iency of a in the lway. mera been mer's	9

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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

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

Thanky you,

Kim Kelly, LCAS, Clinical Consultant

Kn Kels, LP LCAS

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

March 6, 2020

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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

Kellylons

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 drups administered to each client must be kept

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 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 assurance that administration medication is appropriately 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