

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL071-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/26/2021
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NAME OF PROVIDER OR SUPPLIER KEELEAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2240 SLOOP POINT ROAD HAMPSTEAD, NC 28443
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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 survey was completed on 7/26/21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.	V 000		
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 with a physician.	V 118		

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

Jamie Hull B.A. CP

TITLE

Clinical Supervisor

(X6) DATE

8-3-2021

Division of Health Service Regulation

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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to administer medications on the written order of a physician and failed to keep the MARs current affecting two of three clients (#1 and #2). The findings are:</p> <p>Finding #1: Review on 7/23/21 of client #1's record revealed: - 24 year-old male. - Admission date of 07/24/16. - Diagnoses of Moderate Intellectual Developmental Disability, Autism Spectrum, Attention-Deficit/Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Schizoaffective Disorder.</p> <p>Review on 7/23/21 of client #1's orders dated 6/21/21 revealed: - Propanolol (treats hypertension) 40 milligrams (mg) - Take one tablet by mouth three times daily. - Hydroxyzine hydrochloride (Hcl)(treats anxiety) 25mg - Take one tablet by mouth three times daily. - Benztropine Mesylate (treats tremors) 1mg - Take one tablet by mouth twice daily. - Haloperidol (treats schizophrenia) 10mg - Take one tablet by mouth twice daily. - Lithium Carbonate Extended Release (treats mood disorders) 300mg - Take two tablets by mouth every morning and take 3 tablets by mouth every evening. - Mirtazapine (treats depression) 15mg - Take</p>	V 118		
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V 118	<p>Continued From page 2</p> <p>one tablet by mouth every night at bedtime.</p> <p>Review on 7/23/21 of client #1's July 2021 MAR revealed:</p> <ul style="list-style-type: none"> - No staff initials for Haloperidol - 10mg at 7:00pm from 7/09/21 - 7/22/21. - Propanolol - 40mg had been pre-signed as given on 7/23/21 by staff #1 at 12:00pm and 7:00pm. - Hydroxyzine Hcl -25mg had been pre-signed as given on 7/23/21 by staff #1 at 12:00pm and 7:00pm. - Benztrapine Mesylate - 1mg had been pre-signed as given on 7/23/21 by staff #1 at 7:00pm. - Lithium Carbonate Extended Release - 300mg had been pre-signed as given on 7/23/21 by staff #1 at 7:00pm. - Mirtazapine - 15mg had been pre-signed as given on 7/23/21 by staff #1 at 7:00pm. <p>Interview on 7/26/21 client #1 stated he received his medications as ordered.</p> <p>Finding #2: Review on 7/23/21 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 35 year-old male. - Admission date of 01/21 - Diagnoses of Mild Intellectual Developmental Disability, Obsessive Compulsive Disorder (OCD), ADHD, Tourette Syndrome, and Schizoffective Disorder. <p>Review on 7/23/21 of client #2's orders dated 6/21/21 revealed:</p> <ul style="list-style-type: none"> - Buspirone Hcl (treats anxiety) 10mg - Take one tablet by mouth twice daily. - Clonidine Hcl (treats ADHD) 0.1mg - Take one tablet by mouth twice daily. - Lamotrigine (treats mood disorders) 200mg - 	V 118		
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V 118	<p>Continued From page 3</p> <p>Take one tablet by mouth twice daily.</p> <ul style="list-style-type: none"> - Trazadone (treats depression) 150mg - Take two tablets by mouth at bedtime. - Ziprasidone Hcl (treats schizophrenia) 60mg - Take 1 capsule by mouth every evening after supper. <p>Review on 7/23/21 of client #2's June - July 2021 MARs revealed:</p> <ul style="list-style-type: none"> - No staff initials for Buspirone Hcl - 10mg at 7:00pm from 6/03/21 - 6/29/21. - No staff initials for Ziprasidone Hcl - 60mg at 5:00pm on 6/29/21. - No staff initials for Clonidine Hcl - 0.1mg at 7:00pm from 7/09/21 - 7/22/21 and 7:00am from 7/22/21 - 7/23/21. - No staff initials for Lamotrigine - 200mg at 7:00pm on 7/22/21. - Trazadone - 150mg had been pre-signed as given on 7/23/21 by staff #1 at 7:00pm. <p>Interview on 7/26/21 client #2 stated he received his medications as ordered.</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>	V 118	<p>See attached Plan of Correction.</p> <p style="text-align: right;">DHSR - Mental Health AUG 13 2021 Lic. & Cert. Section</p>	
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the</p>	V 752		

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V 752	<p>Continued From page 4</p> <p>water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 7/23/21 at approximately 9:30am revealed: -The hot water temperature in the kitchen was 125 degrees Fahrenheit. -The hot water temperature in the client bathroom in the hallway was 132 degrees Fahrenheit.</p> <p>Interview on 7/23/21 staff #1 stated: -She was not aware of the hot water temperatures.</p>	V 752		

August 3, 2021

Plan of Correction: MHL071-039

V118 27G. 0209 (C) Medication Requirements

AFL, Lelah Keelean, will retake Med Management training before September 24, 2021, within 60 days from the annual survey. Lelah will continue to take med management training annually and as needed.

QP, Jamie Hallman, will continue monthly and ongoing supervision to ensure proper medication administration by Lelah. Ongoing monitoring will be conducted at least monthly and as needed.

V752 27G .0304 (b)(4) Hot Water Temperatures

AFL, Lelah Keelean, confirmed via phone call on 8/3/2021 that the water temperature has been turned down and she has purchased a thermometer to test water temperature regularly.

QP will review water temperature requirements with Lelah within 60 days of the annual survey. QP will provide ongoing monitoring of water temperature at monthly supervisions and ongoing to ensure compliance.

HomeCare

Management Corporation

August 03, 2021

Re: AFL Home MHL # 071-039

Ryan Meredith
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

AUG 13 2021

Lic. & Cert. Section

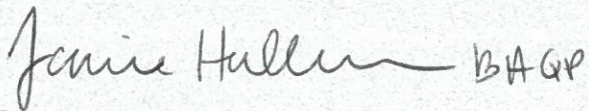
Dear Mr. Meredith:

Attached you will find the Statement of Deficiencies with the Plan of Correction for your review.

Please call 910-782-4280 with any further questions.

Thank you for your assistance.

Sincerely,

Handwritten signature of Jamie Hallman in black ink, followed by the initials "BA QP".

Jamie Hallman, BA QP
Clinical Supervisor