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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
			A. BUILDING: _		Ь			
		mhl074-139	B. WING		R 09/03/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
KESWICK	MANOR- KEEP HOPE A	LIVE HUMAN SERV	E GREENVILLE BL IVILLE, NC 27858					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	An annual and follow up survey was completed on September 3, 2021. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.							
V 120	27G .0209 (E) Medica	ation Requirements	V 120					
	27G .0209 (E) Medication Requirements  10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.							
	This Rule is not met Based on record revie facility failed to keep	ews and interviews the						

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,		15211111107111011152111	A. BUILDING:			
		mhl074-139	B. WING		R 09/03/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
KESWICK	MANOR- KEEP HOPE A	LIVE HUMAN SERV	REENVILLE BL .LE, NC 27858			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 120	audited clients (#1).  Review on 09/02/21 or revealed: -An admission date or -Diagnoses of Unsper related disorder, Real Conduct Disorder, Accordance Disord	eparately affecting 1 of 3 The findings are: of client #1's record  f 12/30/20. cified trauma and stressor ctive Attachment Disorder, ene. 2/21 at approximately a medications revealed a x with a lock on the front. All in the facility medications	V 120			
V 296	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou	4 MINIMUM STAFFING sional shall be available by a direct care staff shall be lity within 30 minutes at all mber of direct care staffen or adolescents are	V 296			

Division of Health Service Regulation

STATE FORM 6899 T90511 If continuation sheet 2 of 5

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl074-139	В.	WING		R 09/03	3/2021
NAME OF D				C CITY CTAT	T 7/D 00DF	,	
NAME OF P	ROVIDER OR SUPPLIER		REET ADDRES	,			
KESWICK	MANOR- KEEP HOPE A	LIVE HUMAN SERV	I10 SE GREE REENVILLE,		VU		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	nine, ten, eleven or to adolescents.  (c) The minimum nur during child or adoles follows:  (1) two direct cand one shall be awa children or adolescent (2) two direct cand both shall be awa children or adolescent (3) three direct of which two shall be asleep for nine, ten, eadolescents.  (d) In addition to the care staff set forth in Rule, more direct care the facility based on tindividual needs as splan.  (e) Each facility shall supervision of children are away from the facility adolescents.	are staff shall be present for elve children or enter of direct care staff cent sleep hours is as are staff shall be present the for one through four tts; are staff shall be present the for five through eight tts; and care staff shall be present awake and the third may be eleven or twelve children or enter of the child or adolescent's pecified in the treatment or adolescents when the child in accordance with the ndividual strengths and	for toe r	7 296			
	facility failed to ensure	as evidenced by: ews and interviews, the e the two direct care staff two, three or four children					

Division of Health Service Regulation

STATE FORM 6899 T90511 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		mhl074-139	B. WING		09	R 9/ <b>03/2021</b>
	ROVIDER OR SUPPLIER	LIVE HUMAN SERV	ADDRESS, CITY, STATI GREENVILLE BLV VILLE, NC 27858			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page or adolescents. The fi		V 296			
	related disorder, Rea Conduct Disorder, Ac -A treatment plan date -No goals or strategie client #1 1:1 with facil Review on 09/02/21 crevealed: -An admission date o -Diagnoses of Post Trattention Deficit Hyper presentation, modera DisorderA treatment plan date	f 12/30/20. cified trauma and stressor ctive Attachment Disorder, ene ed 02/01/21. es regarding transporting lity staff. of client #2's record f 04/22/20. raumatic Stress Disorder, eractivity Disorder, combined te, Oppositional Defiant ed 12/04/20. es regarding transporting				
	combined presentation Dysregulation Disorder -Treatment Plan date -No goals or strategies client #3 1:1 with facili During interview on 0 and client #3 revealed -If they attended any	f 12/31/20. Spectrum Disorder, eractivity Disorder, moderate on, Disruptive Mood er. d 01/05/21. es regarding transporting lity staff.  9/01/21 client #1, client #2				

Division of Health Service Regulation

STATE FORM 6899 T90511 If continuation sheet 4 of 5

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V 296	Continued From page	e 4	V 296					
	clients to their appoin -The clients were trar -He was aware the 1: specified in each clier	taff that transported the tments. sported by one staff. 1 transport needed to be not streatment plan. Qualified Professional to						

Division of Health Service Regulation

STATE FORM 6899 T90511 If continuation sheet 5 of 5