

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/03/2021
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NAME OF PROVIDER OR SUPPLIER WILLOW MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1419 SE GREENVILLE BOULEVARD GREENVILLE, NC 27858
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V 000	INITIAL COMMENTS 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 000		
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 as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure	V 120	V 120 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS. Effective 09/05/2021 Keep Hope Alive began working towards compliance regarding our medication citation in assuring that internal and external medications for each client are stored separately. Each Client's medication(s) is to be labeled and stored in a large plastic bag. Within this large bag are separate bags; i.e. a bag for internal and a bag for external medication(s) allowing for compliance in that the internal and external medication for each client will be stored separately. This intervention is in process, it will be overseen and completed by our Program Manager Antony Kendelle Jackson. Completion effective date is 10/01/2021.	10/1/21

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Jan Kelly Keep Hope Alive, Clinical Consultant
TITLE
9-23-2021
(X6) DATE
STATE FORM 6899 506Y11 If continuation sheet 1 of 7

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V 120	<p>Continued From page 1</p> <p>medications were stored separately per client affecting 3 of 4 audited clients (#1, #2 and #3) and failed to keep internal and external medications stored separately affecting 1 of 3 audited clients (#3). The findings are:</p> <p>Finding #1</p> <p>Review on 09/01/21 of client #1's record revealed: -Admission date of 03/23/21. -Diagnoses of Bipolar Disorder, Paraphilic Disorder, Attention Deficit Hyperactivity Disorder, Sexualized behaviors with family members and sexual abuse as a child.</p> <p>Review on 09/01/21 of client #2's record revealed: -Admission date of 02/09/21. -Diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Impulse Control Disorder and Conduct Disorder.</p> <p>Review on 09/01/21 of client #3's record revealed: -Admission date of 08/12/21. -Diagnoses of Post Traumatic Stress Disorder, Specific Learning Disability, with an impairment in math, History of neglect, physical and sexual abuse.</p> <p>Observation on 09/02/21 at approximately 1:30pm of the client #1, client #2 and client #3's medication revealed: -A large black box with a lock on the front of the box. -All of the medication was stored in the box for every client and was not stored separately.</p> <p>During interview on 09/02/21 the Program</p>	V 120	<p>V 120</p> <p>27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS.</p> <p>Effective 09/05/2021 Keep Hope Alive began working towards compliance regarding our medication citation in assuring that internal and external medications for each client are stored separately. Each Client's medication(s) is to be labeled and stored in a large plastic bag. Within this large bag are separate bags; i.e. a bag for internal and a bag for external medication(s) allowing for compliance in that the internal and external medication for each client will be stored separately. This intervention is in process, it will be overseen and completed by our Program Manager Antony Kendelle Jackson. Completion effective date is 10/01/2021.</p>	10/1/21

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V 120	<p>Continued From page 2</p> <p>Manager revealed: -He would ensure the medication was stored separately for each client.</p> <p>Finding #2 Review on 09/01/21 of client #3's record revealed: -Admission date of 08/12/21. -Diagnoses of Post Traumatic Stress Disorder, Specific Learning Disability, with an impairment in math, History of neglect, physical and sexual abuse.</p> <p>Review on 09/01/21 of client #3's current drug regimen revealed stored in a large black locked box revealed: -Guanfacine HCL ER 3mg -Hydrochlorothiazide 25mg -L-Methylfolate 15mg -Risperidone 1mg -Vitamin D3 2000 unit softgel -Docusate Sodium 100mg -Ferrous Sulfate 325mg -Sertraline HCL 50mg -Trazodone 50mg -Triamcinolone 0.1% cream</p> <p>Observation on 09/02/21 at approximately 1:30pm of client #3's medications revealed the Triamcinolone 0.1% cream was stored with the internal medications.</p> <p>During interview on 09/02/21 with the Program Manager revealed: -He would ensure all of the medication were stored separately.</p>	V 120	<p>V 120</p> <p>27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS.</p> <p>Effective 09/05/2021 Keep Hope Alive began working towards compliance regarding our medication citation in assuring that internal and external medications for each client are stored separately. Each Client's medication(s) is to be labeled and stored in a large plastic bag. Within this large bag are separate bags; i.e. a bag for internal and a bag for external medication(s) allowing for compliance in that the internal and external medication for each client will be stored separately. This intervention is in process, it will be overseen and completed by our Program Manager Antony Kendelle Jackson. Completion effective date is 10/01/2021.</p>	10-1-21
V 296	27G .1704 Residential Tx. Child/Adol - Min. Staffing	V 296		

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V 296	<p>Continued From page 3</p> <p>10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>(a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times.</p> <p>(b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows:</p> <p>(1) two direct care staff shall be present for one, two, three or four children or adolescents;</p> <p>(2) three direct care staff shall be present for five, six, seven or eight children or adolescents; and</p> <p>(3) four direct care staff shall be present for nine, ten, eleven or twelve children or adolescents.</p> <p>(c) The minimum number of direct care staff during child or adolescent sleep hours is as follows:</p> <p>(1) two direct care staff shall be present and one shall be awake for one through four children or adolescents;</p> <p>(2) two direct care staff shall be present and both shall be awake for five through eight children or adolescents; and</p> <p>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</p> <p>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</p> <p>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they</p>	V 296	<p>V 296</p> <p>27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>Effective 09/13/2021 Keep Hope Alive QP, Iesha Wallace began addressing the issue regarding coming into compliance by updating each client PCP by adding goals and/or strategies regarding transporting client #1 1:1 with facility staff. The POC of each Client is reviewed and updated monthly as needed. Ms. Wallace, BS. QP. Has already begun this process will oversee it and will have completed updated on all PCP's by November 2, 2021. Additionally, even though a staff will transport a client, Keep Hope Alive will continue to adhere to the statute that mandates 2 staff per shift at the residential site location.</p>	11/2/21

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V 296	<p>Continued From page 4</p> <p>are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the two direct care staff were present for one, two, three or four children or adolescents. The findings are:</p> <p>Review on 09/01/21 of client #1's record revealed: -An admission date of 03/23/21. -Diagnoses of Bipolar Disorder, Paraphilic Disorder, Attention Deficit Hyperactivity Disorder, Sexualized behaviors with family members and sexual abuse as a child. -A treatment plan dated 03/24/21. -No goals or strategies regarding transporting client #1 1:1 with facility staff.</p> <p>Review on 09/01/21 of client #3's record revealed: -An admission date of 08/12/21. -Diagnoses of Post Traumatic Stress Disorder, Specific Learning Disability, with an impairment in math, History of neglect, physical and sexual abuse. -A treatment plan dated 08/09/21. -No goals or strategies regarding transporting client #3 1:1 with facility staff.</p> <p>During interview on 09/01/21 client #1 revealed:</p>	V 296	<p>V 296</p> <p>27G .1704 Residential Tx. Child/Adol - Min. Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS</p> <p>Effective 09/13/2021 Keep Hope Alive QP, Iesha Wallace began addressing the issue regarding coming into compliance by updating each client PCP by adding goals and/or strategies regarding transporting client #1 1:1 with facility staff. The POC of each Client is reviewed and updated monthly as needed. Ms. Wallace, BS. QP. Has already begun this process will oversee it and will have completed updated on all PCP's by November 2, 2021. Additionally, even though a staff will transport a client, Keep Hope Alive will continue to adhere to the statute that mandates 2 staff per shift at the residential site location.</p>	11/2/21

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V 296	Continued From page 5 -If he attended any appointments outside of the facility one staff would transport him to his appointments. During interview on 09/01/21 the Program Manager revealed: -He was usually the staff that transported the clients to their appointments. -The clients were transported by one staff. -He was aware the 1:1 transport needed to be specified in each clients treatment plan. -He would contact the Qualified Professional to have the information added to each clients treatment plan.	V 296		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 09/01/21 at approximately 11:15am revealed: -The hall bathroom had several cracked tile on the floor throughout the bathroom and the air exchange vent was rusted and brown. -Client #4's bathroom had cracked and broken tile	V 736	V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days. Keep Hope Alive has a contracted repair company which will have all repairs completed by October 2, 2021. Our Program Manager Anthony Kendelle Jackson will oversee and follow through with the contractor to completion. He will save invoice, payment and take needed pictures to be presented upon completion.	10-2-21

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V 736	Continued From page 6 on the shower floor and the air exchange cover in the bathroom was rusted and dirty. -Client #2's bedroom had a red substance on the closet door and the walls next to the bed were damaged. -The vent cover behind the kitchen table was rusted on the cabinet doors and exterior of cabinets were dirty. During interview on 09/01/21 the Program Manager revealed: -The sister facility had been remodeled and a lot of work had been completed. -The Licensee was doing one house at a time and the facility needed a lot of updating due to being an older home. -The updates for the facility should begin soon. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	V 736 - Continued The hall bathroom had several cracked tile on the floor throughout the bathroom and the air exchange vent was rusted and brown. -Client #4's bathroom had cracked and broken tile on the shower floor and the air exchange cover in the bathroom was rusted and dirty. -Client #2's bedroom had a red substance on the closet door and the walls next to the bed were damaged. -The vent cover behind the kitchen table was rusted on the cabinet doors and exterior of cabinets were dirty.	10-2-21 10-2-21

Monica Dickens
CEO

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Ilesha Wallace, BS, QP

Program Director
Office (252) 353-8003
Email:

September 23, 2021

To: Emily Jones, BSW Facility Compliance Consultant I
From: Kim Kelly, Clinical Consultant, Keep Hope Alive
Date: September 23, 2021
Re: Residential Level III Services

Greetings! We of Keep Hope Alive would like to Thank you for your valuable feedback during your recent multi-site visitation(s). We appreciate your gracious presentation of strengths and weaknesses. Thank you again.

Please find attached signed and dated POC's for facility houses namely: Keswick Manor and Willow Manor, both components for Keep Hope Alive, LLC. Upon completion of the repairs, we will forward pictures. If further information and or corrections are needed, please contact us. I am Kim Kelly, Clinical Consultant for Keep Hope Alive. You may contact us via email at monwalla8@aol.com. The main contact number is 252-353-8003 after hours number is 252-258-1476 and my cell number is 252-412-1963.

Kim Kelly, LEAS, CTS
Keep Hope Alive
Clinical Consultant