

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl074-139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/27/2022
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NAME OF PROVIDER OR SUPPLIER KESWICK MANOR- KEEP HOPE ALIVE HUMAN	STREET ADDRESS, CITY, STATE, ZIP CODE 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on July 27, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure disaster drills were held quarterly and repeated on each shift. The findings are:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>During interview on 7/26/22 the Program Manager stated the facility operated with three shifts: 1st 7:00 am - 3:00 pm; 2nd 3:00 pm - 11:00 pm; and 3rd 11:00 pm - 7:00 am.</p> <p>Review on 7/26/22 of facility fire and disaster drill records for July 2021 - July 2022 revealed no documented disaster drill for the third shift during the second quarter (April - June) 2022.</p> <p>During interview on 7/27/22 staff #1 stated he had worked third shift for approximately 3 months; he had not yet conducted a disaster drill for 3rd shift but knew he needed to do so.</p> <p>During interview on 7/27/22 the Program Manager stated he understood the requirement for disaster drills to be conducted quarterly and across all shifts.</p>	V 114		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept</p>	V 118		

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V 118	<p>Continued From page 2</p> <p>current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <ul style="list-style-type: none"> (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. <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to ensure medications administered were recorded on the MAR immediately after administration for 1 of 3 audited clients (#1) and to keep the MARs current for 2 of 3 audited clients (#3 & #4). The findings are:</p> <p>Finding #1: Review on 7/26/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 14 year old male admitted 12/31/20. - Diagnoses included Disruptive Dysregulation Mood Disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder. - Physician's orders signed 3/04/22 for Vyvanse (ADHD) 20 milligrams (mg) 1 capsule every morning; cetirizine (antihistamine) 10 mg 1 tablet every morning, and divalproex 250 mg (anticonvulsant) 3 tablets at bedtime; and signed 3/08/22 for aripiprazole (antipsychotic) 15 mg 1/2 	V 118		

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V 118	<p>Continued From page 3</p> <p>tablet every morning and at noon.</p> <p>Review on 7/26/22 at approximately 11:00 am of client #1's MARs for April - July 2022 revealed:</p> <ul style="list-style-type: none"> - Transcriptions for divalproex and aripiprazole with no staff documentation of administration at bedtime 7/25/22. - Transcriptions for Vyvanse and cetirizine with no staff documentation of administration at 8:00 am 7/26/22. <p>Observation on 7/26/22 at approximately 11:10 am of client #1's medications on hand revealed:</p> <ul style="list-style-type: none"> - Vyvanse 20 mg 1 capsule every morning dispensed 6/20/22. - Cetirizine 10 mg 1 tablet every morning dispensed 7/25/22. - Divalproex 250 mg 3 tablets at bedtime dispensed 6/27/22. - Aripiprazole 15 mg 1/2 tablet twice daily dispensed 6/20/22. <p>During interview on 7/27/22 client #1 stated he took his medications every day and had not missed any.</p> <p>Finding #2: Review on 7/26/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male admitted 3/04/22. - Diagnoses included ADHD, Post Traumatic Stress Disorder (PTSD), Bipolar Disorder, and Adjustment Disorder. - Physician's orders signed 5/06/22 for sertraline (PTSD) 50 mg 1 tablet every morning. <p>Review on 7/26/22 of client #3's MARs for April - July 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for sertraline 100 mg 1 tablet in the morning on the May 2022 MAR with staff documentation of administration of sertraline 100 	V 118		

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V 118	<p>Continued From page 4</p> <p>mg daily 5/01/22 - 5/31/22.</p> <ul style="list-style-type: none"> - No transcription for sertraline 50 mg 1 tablet in the morning on the May 2022 MAR. <p>Observation on 7/26/22 at approximately 1:00 pm of client #3's medications on hand revealed:</p> <ul style="list-style-type: none"> - Sertraline 50 mg 1 tablet every morning dispensed 5/30/22. <p>During interview on 7/27/22 client #3 stated he took his medications every day and had not missed any.</p> <p>Review on 7/26/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 16 year old male admitted 3/28/22. - Diagnoses included Autism Spectrum Disorder and ADHD. -Physician's orders signed 6/13/22 for melatonin (sleep aid) 10 mg 1/2 tablet (5 mg) at bedtime, and quetiapine (antipsychotic) 50 mg 1 1/2 tablet three times daily. - Physician's order signed 6/13/22 to discontinue Metformin (antidiabetic) 500 mg 1 tablet every evening. <p>Review on 7/26/22 of client #4's MARs for April - July 2022 revealed:</p> <ul style="list-style-type: none"> - Transcription for melatonin 3 mg 1 tablet at bedtime as needed on the June 2022 MAR with staff documentation of administration of melatonin 3 mg nightly in 6/01/22 - 6/30/22. - No transcription for quetiapine 50 mg 1 1/2 tablet three times daily on the June 2022 MAR; no staff documentation of administration of quetiapine 6/13/22 - 6/30/22. - Transcription for Metformin 500 mg 1 tablet every evening with staff documentation of administration daily 6/01/22 - 6/30/22. <p>Observation on 7/26/22 at approximately 12:10</p>	V 118		

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V 118	<p>Continued From page 5</p> <p>pm of client #4's medications on hand revealed:</p> <ul style="list-style-type: none"> - Melatonin 5 mg 1 tablet at bedtime dispensed 7/25/22. - Quetiapine 50 mg 1 1/2 tablet three times daily dispensed 7/25/22. <p>During interview on 7/27/22 client #4 stated he took his medications every day and had not missed any.</p> <p>During interview on 7/27/22 the Program Manager stated:</p> <ul style="list-style-type: none"> - He administered medications on 7/25/22 and 7/26/22 but failed to document administration on client #1's MAR. - The Qualified Professional (QP) was "mostly" responsible for ensuring medication changes were entered on the MARs. - Medications were delivered by the pharmacy; if there was an issue with a medication, "it might take a few days to get it straightened out." - The QP would "sometimes" write medication changes on the MARs, sometimes he would write the changes on the MARs.. - "We put so much into making sure the orders are right; if a medication changes the pharmacy won't change the MAR until the next month, but we need to write the change on the MAR and sometimes we forget." - He needed to "do a better job of staying on top of it." - Administrative and clinical staff were overwhelmed with additional job responsibilities due to increased staff turn over. - The clinical team would staff the MAR issues and "come up with a better way to make sure changes are made on the MARs." <p>Due to the failure to accurately document medication administration it could not be</p>	V 118		

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V 118	Continued From page 6 determined if clients received their medications as ordered by the physician.	V 118		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interviews the facility failed to store medications separately for each client affecting 3 of 3 audited clients (#1, #3, and #4). The findings are:</p> <p>Review on 7/26/22 of client #1's record revealed: - 14 year old male admitted 12/31/20.</p>	V 120		

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V 120	<p>Continued From page 7</p> <ul style="list-style-type: none"> - Diagnoses included Disruptive Dysregulation Mood Disorder, Attention Deficit Hyperactivity Disorder (ADHD), and Autism Spectrum Disorder. - Signed Physician's orders for Vyvanse (ADHD); cetirizine (antihistamine), divalproex sodium (anticonvulsant), and aripiprazole (antipsychotic). <p>Review on 7/26/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 12 year old male admitted 3/04/22. - Diagnoses included ADHD, Post Traumatic Stress Disorder (PTSD), Bipolar Disorder, and Adjustment Disorder. - Signed Physician's orders for risperidone (antipsychotic), sertraline (PTSD), quetiapine (antipsychotic), and clonidine (ADHD). <p>Review on 7/26/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 16 year old male admitted 3/28/22. - Diagnoses included Autism Spectrum Disorder and ADHD. - Signed Physician's orders for polyethylene glycol (constipation), Vita-Joy multi-vitamin, fluticasone nasal spray (allergy symptoms), melatonin (sleep aid), benztropine (side effects of other medications), guanfacine (ADHD), lamotrigine (anticonvulsant), ziprasidone (antipsychotic), and quetiapine (antipsychotic). <p>Observation on 7/26/22 at approximately 12:10 pm revealed:</p> <ul style="list-style-type: none"> - The Program Manager retrieved a large locked tool box type container in the staff office. - When it was opened, the box was observed to contain numerous bubble cards of medications. <p>During interview on 7/26/22 the Program Manager stated:</p> <ul style="list-style-type: none"> - The box contained the "overflow" medications. - "Overflow" medication bubble cards for all facility clients were stored in the same box and 	V 120		

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V 120	Continued From page 8 were not separated individually by client. - He did not realize "overflow" medications should be stored separately for each client. - He would ensure "overflow" medications were stored separately for each client going forward. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for 1 of 3 audited staff (staff #2). The findings are: Review on 7/27/22 of staff #2's personnel record revealed: - Hire date 6/17/22, title Habilitation Technician. - HCPR check dated 7/16/22. During interview on 7/27/22 the Program Manager stated:	V 131		

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V 131	<p>Continued From page 9</p> <ul style="list-style-type: none"> - HCPR checks were usually done prior to hire. - Staff #2 had previously worked for the Licensee a few years ago and returned recently. - The Director/Owner/Chief Executive Officer typically made sure HCPR checks were done. - Administrative and clinical staff were overwhelmed with job responsibilities due to increased staff turnover. - Staff #2's HCPR check was probably overlooked. - He would discuss the late HCPR check with the Director/Owner/Chief Executive Officer. 	V 131		