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THE KELLY CODE, LLC.

FAX COVER SHEET

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Keswick Manor

Re: POC Keep Hope Alive Date: 8/10/22

To: Cornie Anderson From: Kim Kelly, LCAS, CEO ()

Other: Fax 919-715-878 Date: 8/10/22



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Keep Hope Alive, LLC
Iesha Wallace, QP Service Director
Kim Kelly, LP

Keep Hope Alive, LLC
Fax # 252-353-9912
MHL #074139 – Keswick Manor
1110 SE Greenville, Blvd, Greenville, NC 27834
Contact Number: 252-258-1476

To: Connie Anderson
Facility Compliance Consultation I
Mailing: 2718 Mail Service Center
Raleigh, NC 27699-2718
NC Division of Health Service Regulation
Fax 919-715-8078

August 10, 2022

Greetings

Thank you for your courtesy during our last site visit. Please find attached our Plan of Correction To Address the following items:

- V 114 27G .0207 10A NCAC Emergency Plans and Supplies
- V 118 27G .0209 (C) 10A NCAC Medication Requirement deficiency
- V 120 27G .0209 (E) 10A NCAC Medication Requirements
- V 131 G.S. 131E-256 (D2) HCPR Prior Employment Verification/Healthcare Personnel Registry

Thank you,



Kim Kelly, LP., LCAS, Clinical Consultant
Keep Hope Alive, LLC

PRINTED: 07/28/2022
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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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(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	<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	See Following Page	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Keep Hope Alive - Kerri J. Kelly, LP* TITLE *Clinical Consultant* (X6) DATE *8-10-22*

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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 114	Continued From page 1 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. 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. 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. 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.	V 114	V 114 27G .0207 Regarding the deficiency cited that KHA failed to ensure disaster drills were held quarterly and repeated on each shift Keep Hope Alive has completed training in the form of review and training to appropriately perform and document fire and disaster drills. Assistant Administrative staff [REDACTED] has been assigned to review documentation monthly. This will assure drills are held at a minimum quarterly and repeated for each shift per service requirements.	8/25/22
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	V 118	See following page(s)	

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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> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) Instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or Initials of person administering the drug.</p> <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: - 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</p>	V 118	<p>V 118 27G .0209(C) Keep Hope Alive has scheduled follow up and supporting Medication Administration training to address deficiency(s) cited by having our contracted RN, Nurse, [REDACTED] to provide follow-up training on 08/25/2022 for KHA Staff. This will address lack of documentation/initials on MAR medication form(s). This will also allow KHA to address the issues of transcripts not being on site with appropriate notation and of med changes and/or discontinued medication Nurse [REDACTED] will include this in our 8/25/22 training curriculum. Additionally, Service Director, [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.</p>	8/25/22

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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	<p>V 118 27G .0209(C)</p> <p>Keep Hope Alive has scheduled follow up and supporting Medication Administration training to address deficiency(s) cited by having our contracted RN, Nurse, [REDACTED] to provide follow-up training on 08/25/2022 for KHA Staff. This will address lack of documentation/initials on MAR medication form(s). This will also allow KHA to address the issues of transcripts not being on site with appropriate notation and of med changes and/or discontinued medication Nurse [REDACTED] will include this in our 8/25/22 training curriculum. Additionally, Service Director [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.</p>	8/25/22

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V 118	<p>Continued From page 4</p> <p>mg daily 5/01/22 - 5/31/22.</p> <p>- No transcription for sertraline 50 mg 1 tablet in the morning on the May 2022 MAR.</p> <p>Observation on 7/26/22 at approximately 1:00 pm of client #3's medications on hand revealed:</p> <p>- Sertraline 50 mg 1 tablet every morning dispensed 5/30/22.</p> <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> <p>- 16 year old male admitted 3/28/22.</p> <p>- Diagnoses included Autism Spectrum Disorder and ADHD.</p> <p>- 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.</p> <p>- Physician's order signed 6/13/22 to discontinue Metformin (antidiabetic) 500 mg 1 tablet every evening.</p> <p>Review on 7/26/22 of client #4's MARs for April - July 2022 revealed:</p> <p>- 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.</p> <p>- 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.</p> <p>- Transcription for Metformin 500 mg 1 tablet every evening with staff documentation of administration daily 6/01/22 - 6/30/22.</p> <p>Observation on 7/26/22 at approximately 12:10</p>	V 118	<p>V 118 27G .0209(C)</p> <p>Keep Hope Alive has scheduled follow up and supporting Medication Administration training to address deficiency(s) cited by having our contracted RN, Nurse, [REDACTED] to provide follow-up training on 08/25/2022 for KHA Staff. This will address lack of documentation/initials on MAR medication form(s). This will also allow KHA to address the issues of transcripts not being on site with appropriate notation and of med changes and/or discontinued medication Nurse [REDACTED] will include this in our 8/25/22 training curriculum. Additionally, Service Director, [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.</p>	8/25/22

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V 118	<p>Continued From page 5</p> <p>pm of client #4's medications on hand revealed: - 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> <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: - 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> <p>Due to the failure to accurately document medication administration it could not be</p>	V 118	<p>V 118 27G .0209(C) Keep Hope Alive has scheduled follow up and supporting Medication Administration training to address deficiency(s) cited by having our contracted RN, Nurse, [REDACTED] to provide follow-up training on 08/25/2022 for KHA Staff. This will address lack of documentation/initials on MAR medication form(s). This will also allow KHA to address the issues of transcripts not being on site with appropriate notation and of med changes and/or discontinued medication Nurse [REDACTED] will include this in our 8/25/22 training curriculum. Additionally, Service Director [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.</p>	8/25/22

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V 118	Continued From page 6 determined if clients received their medications as ordered by the physician.	V 118	See previous page(s)	
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 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: Review on 7/26/22 of client #1's record revealed: - 14 year old male admitted 12/31/20.	V 120	V 120 27G 0209 (E) 10A NCAC To address and provide supports in the area of deficiency(s) cited related to not storing medications separately under lock and key Nurse [REDACTED] will include supporting training in our 8/25/22 training curriculum. Additionally, Service Director, [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.	8/25/22

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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	<p>V 120 27G 0209 (E) 10A NCAC</p> <p>To address and provide supports in the area of deficiency(s) cited related to not storing medications separately under lock and key Nurse [REDACTED] will include supporting training in our 8/25/22 training curriculum. Additionally, Service Director, [REDACTED] will review MAR and medication containers weekly. This will also assure and provide supports that overflow medication will be held/housed in a separate container(s) with its own lock and key.</p>	8/25/22

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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	V 131 G.S. 131E-256 (D2) HCPR Prior Employment Verification/Healthcare Personnel Registry KHA will assure that in the new hire process Healthcare Registry check(s) will be completed prior to active completion of the hiring process. Assistant Administrative staff [REDACTED] will review and record completion of each pre-hire step and document entry of recorded date of Health Care Personnel Registry check. This will be documented and validated prior to the new hire reporting to shift.	8/1/22

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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 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	<p>V 131 G.S. 131E-256 (D2) HCPR Prior Employment Verification/Healthcare Personnel Registry</p> <p>KHA will assure that in the new hire process Healthcare Registry check(s) will be completed prior to active completion of the hiring process. Assistant Administrative staff [REDACTED] will review and record completion of each pre-hire step and document entry of recorded date of Health Care Personnel Registry check. This will be documented and validated prior to the new hire reporting to shift.</p>	8/1/22