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KESWICK MANOR- KEEP HOPE ALIVE HUMAN	1110 SE GREENVILLE BLVD GREENVILLE, NC 27858

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on February 23, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.	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	V 118		

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V 118	Continued From page 1 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. This Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to administer medications as ordered by the physician and maintain an accurate MAR affecting 2 of 3 audited clients (#1 and #4). The findings are: Finding #1: Review on 02/21/24 of client #1's record revealed: - 15 year old male. - Admission date of 11/01/23. - Diagnoses of Autistic Disorder, Oppositional Defiant Disorder, Unspecified Mood Affective Disorder and Borderline Intellectual Functioning. Review on 02/21/24 of a signed physician order for client #1 and dated 12/29/23 revealed: - Flonase (treats seasonal allergies) 2 sprays twice daily for one week. - Then begin Flonase 1 spray daily. Review on 02/21/24 of client #1's January 2024 and February 2024 MARs revealed: - Transcribed entry to administer Flonase - 2 sprays each nostril every day. - No change noted to reflect the 12/29/23 physician order to decrease the Flonase to 1	V 118		

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V 118	Continued From page 2 spray daily. Interview on 02/21/24 client #1 stated he received his medications daily. Finding #2: Review on 02/21/24 and 02/22/24 of client #4's record revealed: - 17 year old male. - Admission date of 03/11/22. - Diagnoses of Attention Deficit Hyperactivity Disorder, Conduct Disorder, Bipolar Disorder and Disruptive Impulse Control. Review on 02/22/24 of client #4's signed physician order dated 01/25/24 revealed: - Diclofenac (Voltaren - treats inflammation) 75 milligrams (mg) - take twice daily. Review on 02/22/24 of client #4's January 2024 and February 2024 MARs revealed: - No transcribed entry for client #4's Diclofenac 75mg - take twice daily. - No staff initials to indicate the medication was administered as ordered. Interview on 02/21/24 client #4 stated he received his medications daily as ordered. Interview on 02/21/24 and 02/22/24 the Qualified Professional stated: - The doctor for client #1 did not send a script to the pharmacy for the change in Flonase. - The lack of an entry for client #4's Diclofenac 75mg was a staff error. Due to the failure to accurately document medication administration, it could not be determined if Client #1 and Client #4 received their medications as ordered by the physician.	V 118		

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V 118	Continued From page 3 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.	V 132		

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V 132	Continued From page 4	V 132		

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to ensure the Health Care Personnel Registry (HCPR) was notified of all allegations against health care personnel including injuries of unknown source and failed to ensure all alleged allegations were investigated. The findings are:

Review on 02/21/24 of client #1's record revealed:
- 15 year old male.
- Admission date of 11/01/23.
- Diagnoses of Autistic Disorder, Oppositional Defiant Disorder, Unspecified Mood Affective Disorder and Borderline Intellectual Functioning.

Review on 02/21/24 of an incomplete North Carolina Incident Response Improvement System (IRIS) report for client #1 revealed:
- Date and time of incident: 01/08/24 at 7:30am.
- Incident Comments: "Incident could have been avoided if [Client #1's Initials] would have listened to staffs redirection."
- "Describe the cause of this incident: 2/8/2024 [Client #1's Initials] wanted to take his tablet to school and staff did not allow him to. [Client #1's

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Initials] became upset after being told no and went into a restricted area to
try and take the tablet anyway and that's what led up to the situation."
- "Incident Prevention: 2/8/2024 The incident could have been avoided if [Client #1's Initials] would and could have
responded to staff redirections."
- "In the Comments Section, describe the debriefing with the individual and /or guardian
If No, explain in the Comments Section what happened that was different than specified in the plan.
2/8/2024 Staff discussed with [Client #1's Initials] about the importance of compliance with with rule and staff redirection. Discussed with [Client #1's Initials] about how to avoid the situation in the future."
- "In the Comments Section, also describe the debriefing with staff 2/8/2024 Staff discussed with each other how to avoid restrictive interventions in the future."

Interview on 02/21/24 client #1 stated:
- He had been in a physcial hold last month and the Program Director had choked him.
- He did not get any injuries.
- He discussed his allegation of abuse with his guardian.

Interview on 02/21/24 client #1's guardian stated:
- Client #1 had stated he was choked by the Program Director during a physical hold.
- The local Department of Social Services (DSS) had investigated the allegation of abuse.
- She discussed the allegation of abuse against the Program Director.

Interview on 02/21/24 the program Director stated:

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V 132	Continued From page 6 - He was aware client #1 had made an allegation he choked him. - The allegation was false. - The local DSS had investigated the allegation. - He had not submitted a 24 hour or 5 day report to HCPR as required. - No IRIS report submitted as required. - He understood all allegations must be investigated and reported to the HCPR and DSS.	V 132		
V 293	27G .1701 Residential Tx. Child/Adol - Scope 10A NCAC 27G .1701 SCOPE (a) A residential treatment staff secure facility for children or adolescents is one that is a free-standing residential facility that provides intensive, active therapeutic treatment and interventions within a system of care approach. It shall not be the primary residence of an individual who is not a client of the facility. (b) Staff secure means staff are required to be awake during client sleep hours and supervision shall be continuous as set forth in Rule .1704 of this Section. (c) The population served shall be children or adolescents who have a primary diagnosis of mental illness, emotional disturbance or substance-related disorders; and may also have co-occurring disorders including developmental disabilities. These children or adolescents shall not meet criteria for inpatient psychiatric services. (d) The children or adolescents served shall require the following: (1) removal from home to a community-based residential setting in order to facilitate treatment; and (2) treatment in a staff secure setting. (e) Services shall be designed to: (1) include individualized supervision and	V 293		

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V 293	Continued From page 7 structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and (5) support the child or adolescent in gaining the skills needed to step-down to a less intensive treatment setting. (f) The residential treatment staff secure facility shall coordinate with other individuals and agencies within the child or adolescent's system of care. This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility's residential staff failed to coordinate with other agencies to meet the needs for 1 of 3 audited clients (#1). The findings are: Review on 02/21/24 of client #1's record revealed: - 15 year old male. - Admission date of 11/01/23. - Diagnoses of Autistic Disorder, Oppositional Defiant Disorder, Unspecified Mood Affective Disorder and Borderline Intellectual Functioning.	V 293		

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V 293	Continued From page 8 Review on 02/21/24 of client #1's signed medication orders dated 11/30/23 revealed: - Albuterol (prevents narrowing of the airways) - inhale 2 puffs every 4 hours as needed. Observation on 02/21/24 of client #1's medications from 10am to 3pm revealed: - Albuterol inhaler was in the secured medications for client #1. Interview on 02/21/24 and 02/22/24 the Program Director stated: - Client #1 did not take his Albuterol inhaler with him to school. - No coordination had been made between the school and the facility regarding client #1's usage of the Albuterol inhaler. - Client #1's doctor wanted the Albuterol for in facility usage only. - He would reach out to client #1's doctor for clarification for usage of the Albuterol inhaler.	V 293		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures	V 366		

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to prevent similar incidents according to provider specified timeframes not to exceed 45 days;
(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;
(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and
(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.
(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.
(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:
(1) immediately securing the client record by:
(A) obtaining the client record;
(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as

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follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:
(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;
(B) the LME where the client resides, if different;
(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;
(D) the Department;
(E) the client's legal guardian, as applicable; and

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V 366	Continued From page 11 (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to incidents as required. The findings are: Review on 02/22/24 of Former Client (FC) #5's record revealed: - 15 year old male. - Admission date of 02/28/23. - Diagnoses of Attention Deficit Hyperactivity Disorder, Borderline Intellectual Functioning, Oppositional Defiant Disorder and Bipolar Disorder. - Discharge date of 01/26/24. - No incident report for the search of FC #5 on 01/26/24. Review on 02/22/24 of FC #5's "Search Policy" signed by the guardian on 02/08/24 revealed: - "...After a search is conducted, the results will be relayed to the coordinator or con-call person. It will be the responsibility of the person(s) conducting the search to enter incident into the daily log, progress notes, and incident reports..." Review on 02/21/24 of a North Carolina Incident Response Improvement System (IRIS) report for FC #5 revealed: - Date and time of the incident: 01/26/24 at 6:30pm. - "Incident Comments: The consumer (FC #5)	V 366		

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V 366	Continued From page 12 returned home from Day Treatment. It is mandatory that all consumers be checked for contraband using a metal detector upon re-entry into the facility. The consumer refused to be checked for contraband. The consumer ran across the very busy four-lane highway directly across the street from the facility. Consumer did not respond to any of staff's redirections. The consumer refused to communicate with staff and proceeded to run back and forth from the facility to the church campus directly across the street from the residence, crossing the very unsafe four lane highway in the process. This erratic behavior continued for a lengthy amount of time. Highly concerned about the consumer's safety and the safety of the staff members law enforcement was called to assist with de-escalation of the incident. Law enforcement was able to safely get the consumer back to the residence, where he was taken via ambulance to the hospital for a psychological evaluation, due to him jeopardizing his own life and the safety of others." - "Describe the cause of this incident: 1/29/2024 The cause of this incident was the consumer refusing to comply with a routine contraband check to re-enter the facility. - Incident Prevention: 1/29/2024 Consumer can comply with rules and expectations of the program. Consumer can also be more receptive to redirection." Interview on 02/21/24 and 02/22/24 the Program Director stated: - The facility completed searched of clients as needed based on behaviors and possible safety issues. - The facility did not complete level I incident reports when clients where searched for contraband.	V 366		

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V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl074-139	A. BUILDING: _____ B. WING _____	R 02/23/2024

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V 367	Continued From page 14 (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs	V 367		

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V 367	Continued From page 15 (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are: Review on 02/21/24 of client #1's record revealed: - 15 year old male. - Admission date of 11/01/23. - Diagnoses of Autistic Disorder, Oppositional Defiant Disorder, Unspecified Mood Affective Disorder and Borderline Intellectual Functioning. - Person-Centered Plan (PCP) dated 01/29/24. - PCP did not contain strategies for planned physical interventions. Review on 02/21/24 of an incomplete North Carolina Incident Response Improvement System (IRIS) report for client #1 revealed: - "Date Last Submitted: 1/1/0001" - Date and time of incident: 01/08/24 at 7:30am. - Incident Comments: "Incident could have been avoided if [Client #1's Initials] would have listened to staffs redirection." - "Describe the cause of this incident: 2/8/2024 [Client #1's Initials] wanted to take his tablet to school and staff did not allow him to. [Client #1's Initials] became upset after being told no and	V 367		

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V 367	Continued From page 16	V 367		

went into a restricted area to try and take the tablet anyway and that's what led up to the situation."
- "Incident Prevention: 2/8/2024 The incident could have been avoided if [Client #1's Initials] would and could have responded to staff redirections."
- "In the Comments Section, describe the debriefing with the individual and /or guardian If No, explain in the Comments Section what happened that was different than specified in the plan. 2/8/2024 Staff discussed with [Client #1's Initials] about the importance of compliance with with rule and staff redirection. Discussed with [Client #1's Initials] about how to avoid the situation in the future."
- "In the Comments Section, also describe the debriefing with staff 2/8/2024 Staff discussed with each other how to avoid restrictive interventions in the future."
- No documentation regarding an allegation of abuse submitted as a level III.
- No documentation report had been officially submitted as a level II due to emergency use of a physical intervention.

Interview on 02/21/24 client #1 stated:
- He had been in a physcial hold last month and the Program Director had choked him.
- He did not get any injuries.
- He discussed his allegation of abuse with his guardian.

Interview on 02/21/24 client #1's guardian stated:
- Client #1 had stated he was choked by the Program Director during a physical hold.
- The local Department of Social Services (DSS) had investigated the allegation of abuse.
- She discussed the allegation of abuse against the Program Director.

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V 367	Continued From page 17 Interview on 02/21/24 the program Director stated: - He was aware client #1 had made an allegation he choked him. - The allegation was false. - No IRIS report submitted as required. - He understood all allegations must be investigated and submitted as a level III IRIS report. - All emergency use physical restraints are to be submitted as a level II. - He thought the IRIS report had been submitted.	V 367		
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, attractive and orderly manner. The findings are: Observation on 02/21/24 at approximately 9:40am revealed: - 4 mattresses were stored in the front living area. - The light fixture above the dining room table had one of two light bulbs that worked. - 2 kitchen cabinets would not remain closed when shut. - Client #4's bedroom had a white substance on the walls in various places. - Client #3's room had a broken bedside table. The walls had white paint spots and paint popped	V 736		

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V 736	Continued From page 18 away from the surface. - Client #1's bedroom door had the top layer of the surface pulled away on the back side. - Client #2's bedroom had 2 of 3 overhead lights that worked. Interview on 02/22/24 the Program Director stated he understood items identified in the citation.	V 736		