Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					I	R	
		MHL074-139	B. WING		07/	30/2025	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE			
KESWICK MANOR 1110 SE GREENVILLE BLVD GREENVILLE, NC 27858							
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5						
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)		COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
		w up survey was completed deficiency was cited.					
		sed for the following service C 27G .1700 Residential ren or Adolescents.					
		sed for 4 and has a current urvey sample consisted of clients.					
V 118	27G .0209 (C) Med	ication Requirements	V 118				
	only be administered order of a person and drugs. (2) Medications shat clients only when at client's physician. (3) Medications, included administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Ad all drugs administer current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for a (D) date and time the	inistration: non-prescription drugs shall d to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the sluding injections, shall be y licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. Iministration Record (MAR) of led to each client must be kept administered shall be lely after administration. The					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL074-139	B. WING			0/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
KESWIC	K MANOR		REENVILLE LLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page 1 (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.		V 118			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7. BOLDING.		R	
		MHL074-139	B. WING			0/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KESWIC	K MANOR		REENVILLE LLE, NC 278			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETE	
V 118	Continued From page 2		V 118			
	Interview on 7/30/25 client #4 stated staff administered the Hydrocortisone cream twice a day to the eczema areas on his skin. Interview on 7/30/25 the Special Supervisor stated: - He had not realized client #4's Hydrocortisone cream was ordered to administer at 2 weeks at a time He had not administered client #4's Hydrocortisone in June 2025 He "just saw the label said to apply twice a day." Interview on 7/30/25 the Associate Professional stated: - She was unaware client #4 had the Hydrocortisone cream ordered for June 2025 She had not seen the information about to not exceed 2 weeks at a time.					
	acknowledged there #4 was administered June 2025, it was a	5 the Qualified Professional e was no documentation client of the Hydrocortisone cream in dministered beyond 2 weeks e would ensure it was AR and with staff.				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.				

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