

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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>A complaint and follow up survey was completed on 5/2/18. The complaints were unsubstantiated (Intakes # NC138099, NC137714, NC138227) . A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Adolescents or Children.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to develop and implement strategies to meet client needs affecting 2 of 3 audited clients (#1, #2). The findings are:</p> <p>Finding #1: Review on 4/17/18 of client #1's record revealed: -admission date of 1/16/18 with diagnosis of Conduct Disorder and Cannabis Abuse Disorder, Uncomplicated; -age 17 years, 9 months at admission; -admission assessment dated 1/16/18 documented client #1 was in the custody of Department of Social Services(DSS), served time in Adult Corrections for Breaking and Entering, was released and went to an Independent Living Program(ILP), was discharged from said program due to non-compliance, has an extensive history of residential placements, poor impulsive decision making, witnessed domestic violence, saw his mother raped and beaten, the abuser went to jail, got out and tried to burn the family home down, multiple traumas, smokes marijuana (THC) to calm himself down; -treatment plan dated 1/30/18 documented the following goals: reduce incidents of noncompliance, not leave home without permission, follow staff directives, follow directions and adhere to limitations and boundaries, identify and make connection between impulsive and compulsive behaviors, work towards developing problem solving and critical thinking skills, identify negative impulsive behaviors and negative impact on self and others, learn and use coping skills and strategies to control triggers that lead to impulsive reactions,</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 2</p> <p>comply with probation requirements, not commit any offense that would lead to police involvement, avoid associates that would lead to criminal activity, comply with probation recommendations; -staff strategies included provide a staff secure therapeutic environment, support and supervision, mentoring, direct assistance with adaptive skills training, behavioral interventions, directed and supervised community activities, education on daily living skills, anger management, social skills, communication skills, stress management skills and 24 hour crisis interventions, feedback, link to resources, modeling and teach; -treatment plan updated 2/26/18 client #1 "has an 8pm curfew to go into the community and job hunt as well as meet his community service criteria;" -no documentation of any goals or strategies to address client #1's substance abuse or his unsupervised time.</p> <p>Review on 4/17/18 of an updated Comprehensive Clinical Assessment(CCA) dated 3/7/18 revealed the following documented: -client #1 uses THC daily and refuses to take the required drug screens; -refuses all services and refuses to comply with substance abuse treatment -not in school, on probation; -has been using THC since the age of 13 years; -turns 18 years old soon.</p> <p>Review on 4/17/18 of forms titled "Request for Approval-Emergency Health and Safety Discharge" revealed: -first form dated 3/5/18 documented client #1 has not complied with the program, not done any of his community service, obtained a job nor attended school, refused all attempts by staff to</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 3</p> <p>enroll and participate in substance abuse treatment and therapy, refused placement in independent living programs, smells of THC, leaves facility without permission for an hour or two and returns, refused to comply with required drug screens, has called non-approved people to come get him at facility and given people facility address, has a cell phone approved by his legal guardian (LG);</p> <p>-second form dated 3/19/18 documented client #1 agreed at the Child and Family Team Meeting(CFT Mtg) on 3/8/18 to follow facility rules but not stop using THC, continues to leave the facility for a few hours without permission and returns, has encouraged client #2 to leave the facility with him without permission and then unknown people drop him back off at the facility, drug paraphernalia has been found in his room as a result of searches, client #2 stated he "sells weed," refuses to comply with his probation, not completed his community service and continues to use THC.</p> <p>Review on 4/17/18 of facility incident reports from 2/25/18-4/17/18 revealed:</p> <p>-3/8/18 client #1 was with family member for a visit, was supposed to return at 8pm, did not return, police called, arrived back at facility at 12:44am;</p> <p>-4/10/18 client #1 left the facility at 9pm without permission, police notified, returned at 12:35am;</p> <p>-4/12/18 client #1 left without permission, police called, returned to the facility at 3:22am.</p> <p>Review on 4/17/18 of client #1's urine drug screens revealed positive results for THC on 2/5/18, 2/15/18 and 4/11/18.</p> <p>Interviews on 4/18/18 and 4/25/18 with the House Manager (HM) revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 4</p> <ul style="list-style-type: none"> -client #1 was at a sister facility in 4/2017, did well, no major problems; -had some criminal charges as an adult, did a plea and served time in Adult Corrections; -was released from Adult Corrections in 12/2017, went to an ILP, was discharged due to non-compliance; -accepted for this facility, did well before, had no aggression/assaultive behaviors; -placed at this facility 1/2018 with approved curfew of 7-8pm to find a job, do his community service and get enrolled at local community college before turning 18 in 4/2018; -client #1 became non-compliant, not making any efforts to find a job, do his community service or get in school, failed his drug screens and was coming back to the facility smelling of THC; -when client #1 was admitted, reported he no longer used THC; -unsupervised time was pulled and he was not given permission to leave the home; -client #1 refused drug treatment, refused activities and program, refused therapy; -tried to put several things in place to address his drug use as the desire to use THC led to leaving facility without permission to seek THC; -had a substance abuse assessment/treatment scheduled for client #1 but he refused to get in car; -discussed with facility staff at every house meeting how to handle the substance abuse and what to do to try to prevent it; -used diversions and distractions to keep client #1 busy, activities instead of using THC; -talked about consequences and decision making with client #1 constantly; -reminded him repeatedly of his probation and how using THC against requirements; -added extra staff to give client #1 one on one attention to help deter THC use; 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 5</p> <ul style="list-style-type: none"> -talked to client #1 about coping skills to use when he feels he wants to use; -had trainings on substance abuse, addiction and coping skills for staff to use with client #1; -tried to discharge client #1 for non-compliance; -was not able to put substance abuse goals and strategies in treatment plan because client #1 refused to agree to anything to do with his THC use and insisted he did not have a problem; -if substance abuse goal in treatment plan, client #1 has to sign off in agreement as well as his legal guardian (LG); -no formalized goals or strategies documented anywhere except in shift logs and progress notes to address substance abuse; -client #1 left the facility on 4/14/18, has not returned to the facility. <p>Interview on 4/19/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> -client #1 came in with unsupervised time in the community but then unsupervised time was taken away but client #1 left out anyway; -client #1 refused to tell anyone where he was going; -could not restrain him to keep him at the facility; -tried to talk with him about not leaving, tried to get him to stay; -client #1 denied doing THC but at times, would smell like THC when he returned to the facility; -had to call police because client #1 did not return to the facility a few times; -tried to keep client #1 busy with activities to deter him from wanting to use THC; -client #1 was always respectful and polite when he interacted with staff #1; -talked with him about consequences, making decisions, his future, his goals as an adult; -not have consistency with all staff, have to pay attention to things going on; -"teamwork makes the dream work" or fighting 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 6</p> <p>half the battle.</p> <p>Interview on 4/26/18 with staff #2 revealed: -worked second shift with client #1, did well first few weeks; -had unsupervised time to do community service, school and job; -after first few weeks, became apparent client #1 not complying, had excuses; -stopped his unsupervised time, became aware THC use a problem for client #1; -talked at all staff meetings about what to do to handle substance abuse; -constantly talked with client #1 about bad consequences of substance abuse, how THC affects decisions, tried to client #1 keep busy with activities to deter substance abuse; -kept client #1 and client #2 separate to reduce planning to leave together to use THC; -increased searches of clients and of facility; -client #1 refused to participate in substance abuse treatment, therapy and programs designed to prevent substance use; -had no problems with client #1 except leaving the facility to go use THC.</p> <p>Interview on 4/26/18 with staff #3 revealed: -worked third shift at the facility; -client #1 decided he was not going to comply with anything, saying "I'm about to turn 18, you can't tell me what to do;" -client #1 had a problem using THC; -attended a special training for substance abuse, got information, learned about meeting people where they are, give credit for little accomplishments like small steps, encourage them to continue their treatment, did all this with client #1; -talked about several things to do with client #1 regarding his THC use at house meetings, had</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 7</p> <p>extra house meetings about client #1; -reminded client #1 of consequences of substance abuse,did not fuss with him about his THC use, client #1 refused to participate in any substance abuse treatment/activities.</p> <p>Interview on 4/25/18 with staff #4 revealed: -worked second shift at the facility, also on weekends; -client #1 left the facility without permission and came back smelling of THC; -client #1's THC use was a "constant topic of discussion at the house meetings;" -things staff did to deter client #1's THC use was to try to keep him busy with activities, monitor at all times, stopped his unsupervised time, kept him and other clients on separate schedules as client #2 was a follower of client #1, talked about substance abuse consequences; -client #1 refused to participate in substance abuse treatment.</p> <p>Interview on 4/25/18 with client #1's LG revealed: -client #1 was admitted to the facility with unsupervised time to search for a job, complete his community service, enroll in local community college to obtain his GED and attend therapy; -client #1 was close to turning 18 years old; -always had an excuse for everything; -refused to go to a therapy appointments; -reported he lost his identification (ID) card so could not enroll in school; -had a problem smoking THC, refused treatment; -facility tried to get him to substance abuse treatment to no success; -tried to get him in programs to help with his THC use, he refused; -refused to agree to having a problem, refused to agree to treatment for THC.; -client #1 left the facility and went to stay with his</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 8</p> <p>mother.</p> <p>Interview on 4/25/18 with client #1 revealed: -left the facility on his own, staying with his mother; -had unsupervised time, was taken away, was told by staff he was "refusing to do certain things;" -could not go to school because could not find his ID; -did not feel comfortable with therapist, staff said he refused to attend therapy; -felt staff kept bringing up his name "intentional, my name popping up not have anything to do with it;" -staff talked to him a lot about his THC use; -had one on one staff at times; -staff tried to get him to go to these programs, he did not want to go; -did not have a problem with THC, no drug issues.</p> <p>Finding #2: Review on 4/17/18 of client #2's record revealed: -admission date of 8/21/17; -diagnoses of Oppositional Defiant Disorder and Unspecified Trauma and Stressor Related Disorder; -age 16 years; -in DSS custody; -updated CCA dated 3/23/18 documented client #2 had made some progress, was becoming aware of negative thoughts and emotional distress, was compliant with therapy, was smoking THC, becomes overwhelmed easily, returned from a home visit with THC, was attending a substance abuse treatment program, recently had become non compliant and defiant, combative and threatening; -treatment plan dated 11/27/17 with following goals: reduce incidents of non compliance,</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 9</p> <p>leaving home without permission, follow directives within 2 prompts, increase independent living skills, attend school daily, adhere to limitations and boundaries, identify connections between impulsive and compulsive behaviors, work towards problem solving and critical thinking skills, learn and utilize cognitive behavioral coping skills an strategies to control triggers that lead to impulsive reactions, comply with probation requirements/recommendations, commit no offense leading to police/court involvement, avoid associates and behaviors lead to criminal activity; -staff strategies included provide a structured, therapeutic environment, support, supervision, mentoring, direct assistance with adaptive skills, behavioral interventions, community integration activities, modeling, positive reinforcement, redirection, de-escalation, guidance, prompts, feedback, psychoeducational activities in daily living skills, anger management, social skills, stress management, communication, 24 hour crisis/supports/interventions, link to resources/social supports, -no documentation of any goals or strategies to address client #1's substance abuse.</p> <p>Review on 4/17/18 of facility incident reports from 2/25/18-4/17/18 revealed: -3/3/18 client #2 was with mother for a visit, was supposed to be picked up by staff at 715pm, not at family home when staff arrived, staff waited until 730pm, no one at home, made several phone calls to mother, mother returned call at 930pm saying she thought client #2 was going to spend the night; -4/12/18 client #2 left without permission, police called, returned to the facility at 3:22am.</p> <p>Review on 4/17/18 of client #2's urine drug screens revealed positive results for 2/5/18 and</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 10</p> <p>3/5/18.</p> <p>Interview on 4/19/18 with staff #1 revealed: -worked second shift at the facility with client #2; -client #2 was a follower, followed client #1; -client #2 was doing well before client #2 came, attending his substance abuse treatment; -client #2 started being non compliant with treatment and would leave with client #2, returned smelling of THC; -talked a lot to client #2 about his regression, not being a follower, look at past accomplishments; -try to keep client #2 busy with activities during the week.</p> <p>Interview on 4/26/18 with staff #2 revealed: -worked second shift with client #2, was doing well; -client #2 started going down hill, following client #1; -had client #2 in a lot of activities during the week, several related to substance abuse treatment; -kept client #1 and client #2 separate to reduce planning to leave together to use THC; -increased searches of clients and of facility; -had no problems with client #2 except leaving the facility with client #1 to go use THC.</p> <p>Interview on 4/26/18 with staff #3 revealed: -worked third shift at the facility; -client #2 was doing well, then started following client #1; -attended a special training for substance abuse, got information, learned about meeting people where they are, give credit for little accomplishments like small steps, encourage them to continue their treatment, did all this with client #2.</p> <p>Interview on 4/25/18 with staff #4 revealed:</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 11</p> <ul style="list-style-type: none"> -worked second shift at the facility, also on weekends; -client #2 left the facility with client #1 without permission and came back smelling of THC; -client #2's regression and increased THC use was a "topic of discussion at the house meetings;" -things staff did to deter client #2's THC use was to try to keep him busy with activities, monitor at all times, kept him and other clients on separate schedules as client #1, talked about substance abuse consequences; -client #2 started to refuse to participate in his twice weekly substance abuse treatment and his therapy. <p>Interview on 4/25/18 with the HM revealed:</p> <ul style="list-style-type: none"> -client #2 was participating in several substance abuse related programs prior to the admission of client #1; -client #2 was attending substance treatment on Mondays and Wednesdays, a sports related substance abuse program on Tuesdays, Wednesdays and Thursdays and an arts related program on Mondays and and Wednesdays with visits at home on Fridays; -client #2 had initially reported he used THC because he was bored so staff tried to kept him busy; -noticed client #2 was trying to follow client #1 so decided to separate and kept schedules different; -had two staff working because of substance abuse issues; -client #2 went home and came back with a cell phone, refused to give up, caused more issues, staff tried to enforce no cell phone policy; -a client has to agree and sign off on a substance abuse goal in treatment plan, if refuses, can't put goal in plan; -client #2 kept saying he did not have a 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 12</p> <p>substance abuse problem; -recently recommended by his outpatient substance abuse treatment facility client #2 needed to go to inpatient substance abuse but he refused; -talked about how to handle client #2's regression in house meetings with staff; -no formalized goals or strategies documented anywhere except in shift logs and progress notes to address substance abuse.</p> <p>Interview on 4/17/18 with client #2 revealed: -gets drug tested at the facility; -not run away; -has left facility but "came back in a few;" -denied knowledge of any THC use; -visits his family on the weekends; -not had a problem, doing well.</p> <p>Interview on 4/25/18 with the Quality Assurance (QA) Director revealed: -attends the Child and Family Team meetings for clients #1 and #2; -involved in the development of goals and strategies for the treatment plans; -if clients deny they have a substance abuse problem and refuse to agree to a substance abuse goal and strategies, can not put in treatment plans; -treatment plan must be "person centered" as required by the local management entity(LME); -if client does not agree, can't put in plan, told by LME "if kid doesn't feel the needs we identified not their needs, how is it person centered;" -"we will be dinged for something the clients doesn't want to work on;" -client #1 and client #2 did not think they have a substance abuse problem and did not want to agree to putting a substance abuse goal in their treatment plans;</p>	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 05/02/2018
NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212		
(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 112	<p>Continued From page 13</p> <p>-tried to address use of substance abuse through other goals such as coping skills, impulsive behaviors and complying with probation requirements;</p> <p>-client #1 adamantly refused any substance abuse treatment or assessment, any substance abuse related programs;</p> <p>-this only relates to substance abuse, other goals can be put in without client permission but as long as the LG agrees;</p> <p>-staff were addressing client #1 and client #2's THC use, staff and HM talked about it at house meetings, had trainings on how to handle substance abuse, used activities/keep busy to distract, kept separate schedules;</p> <p>-no formalized goals or strategies documented to address substance abuse of client #1 and client #2.</p> <p>Review on 5/2/18 of a Plan of Protection dated 5/2/18 and completed by the QA Director revealed the following documented: Immediate Action:</p> <ol style="list-style-type: none"> 1. Meeting scheduled with Cardinal on 5/3/2018 @ 1:30pm to discuss the issues with the different expectations in regards to treatment plans. 2. Separate treatment plans and strategies will be implemented to meet client needs for clients who refuse to have certain goals or strategies in their PCP. i.e. substance abuse 3. When a new behavior presents itself goals and strategies will be implemented and documented prior to the CFT meeting when it can be put in the PCP. <p>Make sure this happens:</p> <ol style="list-style-type: none"> 1. Meeting scheduled with Cardinal on 5/3/2018 @ 1:30pm to discuss the issues with the different expectations in regards to treatment plans. 2. Staff will in serviced on all additional plans/strategies at the weekly house meetings 	V 112		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 05/02/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER IDLEWILD HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212
--	--

(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 112	<p>Continued From page 14</p> <p>and during all staff meetings.</p> <p>3. Residential Coordinator and Quality Assurance Director will oversee this process by checking staff signatures on client education forms and reviewing all weekly house meeting minutes.</p> <p>4. Quality Assurance Director will review all treatment plans after incidents occur to insure goals and strategies have been put in place.</p> <p>Client #1 had a diagnosis of Cannabis Abuse, actively used THC and refused to comply with substance abuse treatment. Client #2 was in substance abuse treatment, began to regress and actively use THC again. There were no formalized goals or consistent strategies in the treatment plans addressing client #1 and client #2's active substance abuse. Facility staff responded inconsistently to client #1 and client #2's substance abuse issues which is detrimental to the health, safety and welfare of client #1 and client #2. This deficiency constitutes a Type B rule violation and must be corrected within 45 days. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 112		