PRINTED: 07/30/2018 FORM APPROVED

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMI LETED	
		MHL060-586	B. WING		R 07/26/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
IDLEWILD	HOME		WILD BROOK	LANE		
			TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on 7/26/18. Deficienc	up survey was completed ies were cited.				
		d for the following service 27G .1300 Residential n or Adolescents.				
V 114	27G .0207 Emergence	y Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster coshall be held at least repeated for each shi under conditions that	an shall be developed and				
	facility failed to ensur- held at least quarterly The findings are: Review on 7/18/18 of facility runs 3 shifts.	riew and interviews, the e fire and disaster drills were y and repeated for each shift. facility roster revealed				
	Interview on 7/18/18 v -came to the facility o -not done any drills si					

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

TITLE (X6) DATE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (D PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED	
					R	
			07/26/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		6807 IDLE	WILD BROOK I	LANE		
IDLEWILD	HOME		TE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 114	Continued From page	e 1	V 114			
	drill documentation for revealed the following no third shift fire drills no third shift disaster no first or third shift of 1/1/18-7/18/18; no second shift disast 1/22/18-7/18/18. Interview on 7/18/18 Manager revealed: not aware of missing require staff to comp on each shift as require	s from 8/1/2017-12/31/17; r drills from 8/1/17-12/31/17; disaster drills from ster drills from with the Group Home of drills; lete fire and disaster drills ired.				
V 115	27G .0208 Client Ser	vices	V 115			
	assure that: (1) space and supervithe safety and welfare (2) activities are suita and treatment/habilitaterved; and (3) clients participate activities. (h) Facilities or prograin these Rules as "24 available 24 hours a cunless otherwise species) Facilities that serviclients shall ensure the (d) When clients who are transported, the with secure adaptive	ride activities for clients shall ision is provided to ensure e of the clients; ble for the ages, interests, ation needs of the clients in planning or determining ams designated or described -hour" shall make services day, every day in the year. cified in the rule. e or prepare meals for nat the meals are nutritious. have a physical handicap rehicle shall be equipped				

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		MHL060-586	B. WING		R 07/26/2018	
					1 01/20/2010	_
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
IDLEWILD	HOME		EWILD BROOK I	LANE		
		CHARLO	OTTE, NC 28212			
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V 115	Continued From page	e 2	V 115			
	in a vehicle are transp	ance with boarding or riding ported in the same vehicle, ult, other than the driver, to of the children.				
	supervision was provi	as evidenced by: the facility failed to ensure ided during activities to d welfare of the clients s (#1, #2 and #3). The				
	-take clients to a prog and Saturday night; -program from 8pm-1 -police are there to su					
	-take clients to a prog and Saturday night; -starts at 8pm and sto -drop clients off and p					
	Interview on 7/18/18 v -go every Friday and -staff takes them and -play basketball and c	stays there;				
	Interview on 7/18/18	with client #2 revealed:				

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-go to YMCA on weekends at night;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	7. BOILDING		A. BOILDING.		 R	
		MHL060-586	B. WING		1	6/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
IDLEWILD	HOME		WILD BROOK I	LANE		
	OUN MAN DV OT		TE, NC 28212			
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V 115	Continued From page	e 3	V 115			
	-staff drop them off ar -police there to monit					
	Interview on 7/18/18 with client #3 revealed: -go to program at YMCA and play basketball; -staff drop them off and pick them up; -police there to watch them and also YMCA staff; -metal wand them when they come in; -can enter from 8pm-9pm then doors are locked and no one else can enter; -doors open back up at 11pm when over and staff there to pick them upwhen drop off, staff stay until they go inside YMCA. Interview on 7/18/18 with the Group Home Manager revealed: -clients go to a program on Friday and Saturday nights at YMCA; -one of the agency's staff works there for this program; -staff drop clients off and picks them up;					
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered order of a person authorized drugs. (2) Medications shall clients only when authorized client's physician. (3) Medications, inclu					

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unlicensed persons trained by a registered nurse,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ANDILAN	A. BUILDING:					
		MHL060-586	B. WING		07/26	6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
IDLEWILD	HOME	6807 IDLE	WILD BROOK	LANE		
- IDELWILL	TIOME	CHARLOT	TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 118	privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, ar (C) instructions for ad (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record.	egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:	V 118			
	interviews, the facility medications were adr written order of a pers prescribe drugs, medi self-administered by a in writing by the client Medication Administered to current affecting 2 of findings are: Finding #1: Review on 7/18/18 of -admission date of 6/8 Attention Deficit Hype	riew, observations and failed to ensure ministered to a client on the son authorized by law to ications were clients only when authorized t's physician and a ation Record (MAR) of all to each client was kept 3 clients (#1 and #3). The client #1's record revealed: 8/18 with diagnoses of				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
	MHL060-586 B. WING		07/2	≺ 26/2018			
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
IDLEWILD	HOME	6807 IDLE	WILD BROOK	LANE			
		CHARLO	TTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 118	Continued From page	e 5	V 118				
	Naphcon-A eye drops	s and Nystatin 10,000.					
	times a day as needed administered; -Nystatin 10,000 applifor 10 days listed on the as administered from the original of the original orig	led: led: led 1-2 drops both eyes four led listed on the MARs but not ly to affected area twice daily the MARs and documented 7/1-7/11 twice daily. 18 at 12:17pm of client #1's levealed: led (prn) dispensed on ly to affected area twice daily d and not present. with client #1 revealed: daily;					
	Finding #2: Review on 7/18/18 of -admission date of 7/ Traumatic Stress Disr-no physicians' orders the record; -no self administration in the record. Review on 7/18/18 of 7/4/18-7/18/18 reveal Observation on 7/18/ medications on site re-Trazadone 100mg of -Zyrtec 10mg one tab	s for medications present in n physician's order present the MARs from led no MAR for client #3. 18 at 12:30pm of client #3's evealed: ne tablet prn;					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL060-586	B. WING	B. WING		6/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
IDLEWILD	HOME		WILD BROOK	LANE		
			TE, NC 28212			
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V 118	Continued From page	e 6	V 118			
	-Senexon 8.6/50mg to -Vitamin C 500mg on -Albuterol Sulfate 2 pt					
	Interview on 7/18/18 with client #3 revealed: -no regular medications; -only have prn medications; -have not needed to use any of his prn					
	medications.					
	log for the month of 7 documented: -7/5 third shift give cliwith food;	the facility's communication /2018 revealed the following ent #3 his medications, take the his inhaler with him when				
	provider; -all medications were -client #3 does use hi -does take it with him sports.	as do not have any cian orders from previous prn; s inhaler when he needs it; when he goes to play				
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			

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AND FLAN OF PROVIDER OR SUPPLIER MHL060-SS6 MHL060-SS6 STREET ADDRESS. GTY. STATE. 2P CODE S007 IDLEWILD HOME SUMMARY STATEMENT OF DEFICIENCES CHARLOTTE, NO 28212 V736 Continued From page 7 This Rule is not met as evidenced by: Based on observations and interviews, the facility falled was not maintained in a safe, clean, attractive and orderly. The findings are: Observation on 7/18/18 at 9-25am revealed: -two missing light buils from the light fixture over the sink in the upstairs bathroom; -broken curtain roid in the window in client #3's bedroom; -insising post in the stair railing leading from upstairs to front door: -inglit over tolet in the downstairs bathroom; -overhead light in client #1's bedroom downstairs had no light tower and the buils was not wanted and marked throughout the facility. Interview on 7/18/18 with client #1 revealed: -overhead light does not work in his bedroom; -uses a small desk lamp for light; -bathroom light over roiled does not work but uses light over sink in downstairs bathroom. Interview on 7/18/18 with client #3 revealed: -overhead light does not work in his bedroom; -uses a small desk lamp for light; -bathroom light over roiled does not work but uses light over sink in downstairs bathroom. Interview on 7/18/18 with client #3 revealed: -outain rod been broken; -would like for it to be fixed.		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
MAME OF PROVIDER OR SUPPLIER SITEET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD HOME 6807 IDLEWILD ROOK LANE CHARLOTTE, NC 28212 (X41) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 7 V 736 This Rule is not met as evidenced by: Based on observations and interviews, the facility failed was not maintained in a safe, clean, attractive and orderly. The findings are: Observation on 7/18/18 at 9:25am revealed: -two missing light bulbs from the light fixture over the sink in the upstairs bathroom; -broken curtain rod in the dwindow in client #3's bedroom; upstairs to front door; -ilight over toile in the downstairs bathroom not working; -missing post in the stair railing leading from upstairs to front door; -overhead light in client #1's bedroom downstairs had no light cover and the bulb was not working; -walls stained and marked throughout the facility. Interview on 7/18/18 with client #1 revealed: -overhead light does not work in his bedroom; -uses a small desk lamp for light; -bathroom light over toilet does not work but uses light over sink in downstairs bathroom. Interview on 7/18/18 with client #3' revealed: -ourtain rod been broken;	AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:	
SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRETIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRETIX TAG			MHL060-586	B. WING		1
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CHARLOTTE, NO 28212 CHARLOTTE, NO 28212 PROVIDER'S PLAN OF CORRECTION CACH CHARLOTTE, NO 28212	IDI EWII D	HOME	6807 IDLE\	WILD BROOK	LANE	
PREFIX TAG	IDLEWILD	HOWE	CHARLOT	TE, NC 28212		
This Rule is not met as evidenced by: Based on observations and interviews, the facility failed was not maintained in a safe, clean, attractive and orderly. The findings are: Observation on 7/18/18 at 9:25am revealed: -two missing light bulbs from the light fixture over the sink in the upstairs bathroom; -broken curtain rod in the window in client #3's bedroom; -missing post in the stair railing leading from upstairs to front door; -light over toilet in the downstairs bathroom not working; -missing bulb in the light fixture over the mirror in the downstairs bathroom; -overhead light in client #1's bedroom downstairs had no light cover and the bulb was not working; -walls stained and marked throughout the facility. Interview on 7/18/18 with client #1 revealed: -overhead light does not work in his bedroom; -uses a small desk lamp for light; -bathroom light over toilet does not work but uses light over sink in downstairs bathroom. Interview on 7/18/18 with client #3 revealed: -curtain rod been broken;	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
Based on observations and interviews, the facility failed was not maintained in a safe, clean, attractive and orderly. The findings are: Observation on 7/18/18 at 9:25am revealed: -two missing light bulbs from the light fixture over the sink in the upstairs bathroom; -broken curtain rod in the window in client #3's bedroom; -missing post in the stair railing leading from upstairs to front door; -light over toilet in the downstairs bathroom not working; -missing bulb in the light fixture over the mirror in the downstairs bathroom; -overhead light in client #1's bedroom downstairs had no light cover and the bulb was not working; -walls stained and marked throughout the facility. Interview on 7/18/18 with client #1 revealed: -overhead light does not work in his bedroom; -uses a small desk lamp for light; -bathroom light over toilet does not work but uses light over sink in downstairs bathroom. Interview on 7/18/18 with client #3 revealed: -curtain rod been broken;	V 736	Continued From page	e 7	V 736		
		Based on observation failed was not mainta attractive and orderly Observation on 7/18/two missing light bull the sink in the upstair -broken curtain rod in bedroom; -missing post in the supstairs to front door; -light over toilet in the working; -missing bulb in the light downstairs bathrous overhead light in clie had no light cover and -walls stained and main overhead light does over a small desk later over the desk l	ns and interviews, the facility ined in a safe, clean, . The findings are: 18 at 9:25am revealed: bs from the light fixture over so bathroom; I the window in client #3's tair railing leading from a downstairs bathroom not ght fixture over the mirror in soom; ant #1's bedroom downstairs down the bulb was not working; arked throughout the facility. with client #1 revealed: not work in his bedroom; mp for light; coilet does not work but uses instairs bathroom. with client #3 revealed:			

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