

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 10/09/2018
--	---	---	---

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 survey was completed on 10-9-18. The complaint was unsubstantiated (#NC00143222). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1300 Residential Treatment for Children or Adolescents.</p>	V 000	<p>PCS will educate and in train staff in recognizing the differences between AWOL protocol and AWOL PCP interventions and strategies.</p>	
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	<p>PCS will ensure that each PCP is accurately reflecting specific and individualized interventions, and strategies based on assessment and client's need.</p> <p>Monitor by: QA/QI Director and Clinical Director.</p> <p>Implementation: When house re-open</p> <p>Projected completion: In-house service will be provided when house re-open.</p> <p style="color: blue; font-size: 1.2em;">DHSR - Mental Health</p> <p style="color: red; font-size: 1.2em;">NOV 27 2018</p> <p style="color: blue; font-size: 1.2em;">Lic. & Cert. Section</p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

QA/QI Director

(X6) DATE

11/1/18

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 10/09/2018
--	---	---	---

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 interviews and record reviews the facility failed to develop goals and strategies based on the assessment effecting one of one former client (FC#1). The findings are:</p> <p>Review on 10-3-18 of FC#1's record revealed: -17 years old -Admitted 7-3-18, discharged 9-4-18 -Diagnoses included: Post Traumatic Stress Disorder, Reactive Attachment Disorder, Cannabis use disorder, mild. -Assessment dated 3-28-18 revealed: "admitted due to AWOL (absent without leave) from residential program...history of verbal and physical aggression...gone AWOL from school...has been in several different treatment centers (hospitalization, PRTF (psychiatric residential treatment facility) group home settings...admitted to PRTF 1-3-18 been AWOL for 25 days, turned himself in." -Treatment plan dated 6-11-18 revealed: No goals or strategies to address AWOL behavior</p> <p>Review on 10-3-18 of incident reports revealed: -Level I AWOL's dated 8-12-18 and 8-13-18 -Level I AWOL's became level II after police involvement -FC#1 went AWOL with client #2 on 8-12-18 and broke into a store, stealing phones. The police were involved and client #2 was arrested -Level II with date of incident being 9-4-18 revealed: "On 9-4-2017 Staff reported that after last bedroom check, prior to school wakeup, was 4:18am and consumer was physically present. Around 4:30 am staff discovered an opened window where consumer went AWOL. A missing person report was filed with (local</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 10/09/2018
--	---	---	---

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>police)."</p> <p>Interview on 10-3-18 with client #1 revealed: -He and FC#1 had gone AWOL in August -"I broke into a store, he (FC#1) was the lookout. -"It was my first time going AWOL. -"He (FC#1) was a known run away and it was his idea."</p> <p>Interview on 10-9-18 with staff #1 revealed: -He did not know FC#1 had a history of AWOL behavior and their were no goals in place to address AWOLs. -"We have the same preventions for everybody."</p> <p>Interview on 10-3-18 with the Facility Manager revealed: -AWOL behavior had been an issue with FC#1 prior to leaving his PRTF but they felt like he could "skip a level of care" -FC#1 first went AWOL on July 6, 2018 -She caught them going AWOL on July 12-13th when she saw them on the camera. -She did not know at that time that they had broken into a store. -He had no goals addressing FC#1's AWOL behavior. -She had addressed it with him and also changed his work schedule so he would possibly sleep at night.</p> <p>Interview on 10-9-18 with Administrator revealed: -She was relatively new to the position. -It was discussed that the treatment plan must address identified issues when the client was admitted.</p>	V 112		