

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-586</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/21/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IDLEWILD HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6807 IDLEWILD BROOK LANE CHARLOTTE, NC 28212</b>
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(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><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was attempted on 5/21/19. According to the Program Director and the Quality Assurance Director, there are no clients being served at the facility. The last time client served served at the facility was 10/2018.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>Interview on 5/21/19 with the Program Director revealed the facility has been closed with no clients since before Christmas.</p> <p>Interview on 5/21/19 with the Quality Assurance Director revealed: -no clients at the facility; -been no clients at the facility since the last admissions freeze; -facility has been closed since October 2018.</p> <p>Review on 5/21/19 of the last client served at the facility (Discharged client #1/DC#1) revealed: -DC#1 was admitted on 5/10/18 with a diagnoses of Conduct Disorder, Anxiety Disorder and Cannabis Use Disorder; -treatment plan for DC#1 dated 8/16/18 with the following goals: increase the understanding of the consequences of the use of mind altering substances, increase knowledge of addiction, learn how to maintain abstinence, recognize feelings of anger, frustration and disappointment, find alterative ways to cope with feelings, decrease incidents of noncompliance, follow directions and adhere to set boundaries and limitations, identify negative behaviors, learn and utilize coping skills to control triggers that lead to use of cannabis;</p>	V 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 000	Continued From page 1  -discharge summary dated 10/23/18 documented the following: DC#1 transitioned back to his family home, transitioned back to public school, completed his substance abuse treatment and maintained good grades, discharged on 10/23/18.	V 000		