

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>07/17/2019</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 7/17/19. According to the Program Director, there are no clients being served at the facility. The last time client was 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>Observation on 7/17/19 at 11:07am on site at the facility revealed: -no cars in the driveway; -mailbox full of mail; -trashcans on side of the facility full of pieces of wood and debris; -no one at the facility.</p> <p>Interview on 7/17/19 with a neighbor beside the facility reported, "no one lives there anymore."</p> <p>Interview on 7/17/19 with the Program Director revealed: - the facility has remained closed since the last attempted survey on 5/21/19; -trying to open the facility; -having problems with hiring staff; -hope to be open by next month or so.</p>	V 000		

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