PRINTED: 11/25/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL060-586 B. WING 11/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE **IDLEWILD HOME** CHARLOTTE, NC 28212 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on 11/20/19. The complaints were unsubstantiated (Intakes #NC147423, #NC151183). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Adolescents or Children. V 118 27G .0209 (C) Medication Requirements V 118 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the (5) Client requests for medication changes or checks shall be recorded and kept with the MAR Division of Health Service Regulation

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

STATE FORM

PRINTED: 11/25/2019 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ COMPLETED R MHL060-586 B. WING 11/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE **IDLEWILD HOME** CHARLOTTE, NC 28212 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 118 Continued From page 1 V 118 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: PCS will ensure a Medication Administration Record (MAR) Based on records review, interviews and is kept current and ensure all medications administered are recorded immediately after administration. PCS will do an inobservations, the facility failed to ensure service on Medication Administration Record (MAR) and prescription or non-prescription drugs were how to document immediately after medication administered to a client on the written order of a administration. person authorized by law to prescribe drugs, a Medication Administration Record (MAR) of all Monitor by: QA/QI Director, Clinical Director and Program drugs administered to each client was kept Manager Complete date: 12/20/2019 and ongoing current and medications administered were recorded immediately after administration affecting 3 of 3 clients (#1, #2, #3). The findings are: Finding #1 Review on 11/14/19 and 11/20/19 of client #1's record revealed: -admission date of 10/15/19 with diagnoses of Major Depressive Disorder, Unspecified Trauma and Stressor Related Disorder, Asthma and Seasonal Allergies; -physician's orders dated 10/14/19 for the following medications: Trileptal 150mg one tablet three times daily and Lexapro 10mg one tablet

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-a printed form from a local medical provider regarding a medical visit for client #1 dated 11/7/19 listed the following prescribed

-no signed physicians' orders present in the record for the following medications:

5mg one half tablet a bed;

medications: oxcarbazepine(generic for Trileptal) 300mg one tablet daily, Lexapro 10mg one tablet daily, Trazadone 50mg one tablet daily and Abilify Division of Health Service Regulation

CTATCMEN	T OF DEFICIENCIES	AVA PROMPERIOUS MEDICAL	T			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
741012741	or definition.	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	LETED
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		MHL060-586	B. WING			R
		2000 000			] 11/	20/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
		6807 IDLE	WILD BROOK	LANE		
IDLEWIL	HOME		TE, NC 28212			
0/4) /5	CHMMADVCT	ATEMENT OF DEFICIENCIES				
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5)
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
			-	DEFICIENCY)		
1/ 110	Cartinual Francisco	0				<del>                                     </del>
V 118	Continued From page	12	V 118			
	oxcarbazepine(generi	c for Trileptal) 300mg one	***************************************			
	tablet daily, Lexapro 1		PA-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-			
		tablet daily and Abilify 5mg	Name of the last o			
	one half tablet a bed.	,,,	and the second			
	Observation on 11/20/	19 at 3:50pm revealed the				
		present on site for client #1:	-			
	-oxcarbazepine 300m		-			
	-Lexapro 10mg one ta					
	-Trazadone 50mg one					
	-Abilify 5mg one half to					
	ribinity ornig one name	ablet a bed.				
	Review on 11/20/19 of	f client #1's MARS from				
		ealed the following dosing				
		explanation on the form:				
		eptal 150mg one tablet				
	three times daily;	ptai 100mg one tablet	nigo constante.			
	•	ine 300mg one tablet daily;				
	-11/20 for Lexapro 10r					
	-11/20 IOI Lexapio IOI	ng one tablet daily.	-			
	Further review on 11/2	0/19 of client #1's MARs				
		9 revealed the following				
	orders present in the re	red without physicians'				
	twice daily for 7 days;	ion 4 drops in the left ear				
		mal man dalah dada da alam				1
	-Amoxiciliin 400mg/15i	ml one tablet twice daily.				i
	Intention on 11/20/10	with aliant #1 rays = ! = !				- 1
	-got her medications d	with client #1 revealed:				- 1
	-not missed any medic	auons.				- 1
	Finding #2:					- 1
		nd 11/20/19 of client #2's				
	record revealed:	IU 11/20/19 01 CHENT #2'S				
		0/10 with dia				
		0/19 with diagnoses of				
		activity Disorder(ADHD),				
		Disorder and Epilepsy;				
	- 8. 하이는 8. 하는 것이 하는 것이 없는 아이들이 되었다. 그런 것이 없는 것이 없는 것이 없는 것이다.	d 8/29/19 for the following				- 1
	medication: Vimpat 15	Omg one tablet two times				- 1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER:	A. BUILDING:		COMPL	LETED
			B MANC		1	R
		MHL060-586	B. WNG		11/2	20/2019
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST.			
IDLEWILD	HOME		VILD BROOK			
	CURMANDY OT		E, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	3	V 118			
VIII	daily.  -a printed form from a regarding a medical vi 11/14/19 listed the foll medication: oxcarbaze twice daily for 2 days, for 7 days then three tono signed physicians' record for the medicat one tablet twice daily it twice daily for 7 days to daily.  Observation on 11/20/following medications	local medical provider isit for client #2 dated owing prescribed epine 150mg one tablet then two tablets twice daily tablets twice daily; orders present in the ion oxcarbazepine 150mg for 2 days, then two tablets then three tablets twice	V 110			
	10/15/19-11/20/19 revidates left blank with not for the following medicand 11/7 for Vimpat 15.  Further review on 11/2 from 10/15/19-11/20/1 medication administer order present in the re 150mg one tablet twice tablets twice daily.	e daily for 2 days, then two 7 days then three tablets with client #2 revealed:				
	-thinks she gets her m -has seizures and it ma Finding #3 Review on 11/14/19 ar record revealed:					

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ R B. WNG\_ MHL060-586 11/20/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE IDLEWILD HOME 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 118	Continued From page 4	V 118		
	-admission date of 9/20/19 with diagnoses of ADHD and Child Neglect/Abandonment; -physician's orders dated 8/6/19 for the following medication: Montelukast 4mg one tablet at beda printed form from a local medical provider regarding a medical visit for client #3 dated 10/22/19 listed the following prescribed medications: Claritin 10mg one tablet daily and Flonase 50mcg daily; -no signed physicians' orders present in the record for the above listed medications.			
	Observation on 11/20/19 at 3:36pm revealed the following medications present on site for client #3: -Claritin 10mg one tablet daily; -Flonase 50mcg daily; -Montelukast 4mg one tablet at bed.			
	Review on 11/20/19 of client #3's MARS from 10/15/19-11/20/19 revealed the following dosing dates left blank with no explanation on the form: -11/1 for Claritin 10mg one tablet daily; -11/1 for Flonase 50mcg daily; -11/7 for Montelukast 4mg one tablet at bed.			
	Interview on 11/20/19 with client #3 revealed she was administered her medications everyday.			
	Interview on 11/20/19 with the Program Manager revealed: -all clients get their medications daily as prescribed; -will ensure no blanks left on MARs; -will obtain the physicians' orders needed for the clients' medications.			
ş	This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.			

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