

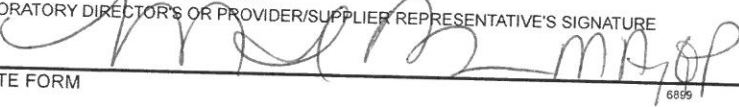
Division of Health Service Regulation

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 R 11/20/2019
--	---	--	---

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>An annual, complaint and follow up survey was completed on 11/20/19. The complaints were unsubstantiated (Intakes #NC147423, #NC151183). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Adolescents or Children.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR</p>	V 118		

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



TITLE - *DA Director*

(X6) DATE
12/5/19

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 R 11/20/2019
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 118	Continued From page 1 file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on records review, interviews and observations, the facility failed to ensure prescription or non-prescription drugs were administered to a client on the written order of a person authorized by law to prescribe drugs, a Medication Administration Record (MAR) of all drugs administered to each client was kept 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 daily. -a printed form from a local medical provider regarding a medical visit for client #1 dated 11/7/19 listed the following prescribed medications: oxcarbazepine(generic for Trileptal) 300mg one tablet daily, Lexapro 10mg one tablet daily, Trazadone 50mg one tablet daily and Abilify 5mg one half tablet a bed; -no signed physicians' orders present in the record for the following medications:	V 118	PCS will ensure a Medication Administration Record (MAR) is kept current and ensure all medications administered are recorded immediately after administration. PCS will do an in-service on Medication Administration Record (MAR) and how to document immediately after medication administration. Monitor by: QA/QI Director, Clinical Director and Program Manager Complete date: 12/20/2019 and ongoing	

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 R 11/20/2019
--	---	---	--

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 118	<p>Continued From page 2</p> <p>oxcarbazepine(generic for Trileptal) 300mg one tablet daily, Lexapro 10mg one tablet daily, Trazadone 50mg one tablet daily and Abilify 5mg one half tablet a bed.</p> <p>Observation on 11/20/19 at 3:50pm revealed the following medications present on site for client #1: -oxcarbazepine 300mg one tablet daily; -Lexapro 10mg one tablet daily; -Trazadone 50mg one tablet daily; -Abilify 5mg one half tablet a bed.</p> <p>Review on 11/20/19 of client #1's MARS from 10/15/19-11/20/19 revealed the following dosing dates left blank with no explanation on the form: -11/1 and 11/8 for Trileptal 150mg one tablet three times daily; -11/15 for oxcarbazepine 300mg one tablet daily; -11/20 for Lexapro 10mg one tablet daily.</p> <p>Further review on 11/20/19 of client #1's MARS from 10/15/19-11/20/19 revealed the following medications administered without physicians' orders present in the record: -Ciprex OTIC suspension 4 drops in the left ear twice daily for 7 days; -Amoxicillin 400mg/15ml one tablet twice daily.</p> <p>Interview on 11/20/19 with client #1 revealed: -got her medications daily; -not missed any medications.</p> <p>Finding #2: Review on 11/14/19 and 11/20/19 of client #2's record revealed: -admission date of 9/20/19 with diagnoses of Attention Deficit Hyperactivity Disorder(ADHD), Post Traumatic Stress Disorder and Epilepsy; -physician's order dated 8/29/19 for the following medication: Vimpat 150mg one tablet two times</p>	V 118		

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 R 11/20/2019
--	---	--	---

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 118	<p>Continued From page 3</p> <p>daily.</p> <p>-a printed form from a local medical provider regarding a medical visit for client #2 dated 11/14/19 listed the following prescribed medication: oxcarbazepine 150mg one tablet twice daily for 2 days, then two tablets twice daily for 7 days then three tablets twice daily;</p> <p>-no signed physicians' orders present in the record for the medication oxcarbazepine 150mg one tablet twice daily for 2 days, then two tablets twice daily for 7 days then three tablets twice daily.</p> <p>Observation on 11/20/19 at 3:56pm revealed the following medications present on site for client #2:</p> <p>-oxcarbazepine(generic for Trileptal) 150mg three tablets twice daily;</p> <p>-Vimpat 150mg one tablet twice daily.</p> <p>Review on 11/20/19 of client #2's MARS from 10/15/19-11/20/19 revealed the following dosing dates left blank with no explanation on the form for the following medication: 10/7, 10/12, 10/13 and 11/7 for Vimpat 150mg one tablet twice daily.</p> <p>Further review on 11/20/19 of client #2's MARs from 10/15/19-11/20/19 revealed the following medication administered without a physician's order present in the record: oxcarbazepine 150mg one tablet twice daily for 2 days, then two tablets twice daily for 7 days then three tablets twice daily.</p> <p>Interview on 11/20/19 with client #2 revealed:</p> <p>-thinks she gets her medications daily;</p> <p>-has seizures and it makes her forget stuff.</p> <p>Finding #3</p> <p>Review on 11/14/19 and 11/20/19 of client #3's record revealed:</p>	V 118		

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 R 11/20/2019
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 118	<p>Continued From page 4</p> <p>-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 bed. -a 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.</p> <p>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.</p> <p>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.</p> <p>Interview on 11/20/19 with client #3 revealed she was administered her medications everyday.</p> <p>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.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		