Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL060-586	B. WING		C 10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
IDLEWILD	HOME		WILD BROOK	LANE	
CHARLO			TE, NC 28212		1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	The complaint was su #NC00222715. Defici	iencies were cited.			
		d for the following service 27G .1300 Residential n or Adolescents.			
	census of 2. The surv	d for 3 and has a current rey sample consisted of ent and 1 former client.			
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112		
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond (d) The plan shall incompose the period of the plan shall incompose the provision projected date of achieved by provision projected date of achieved strategies; (3) staff responsibles	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. clude: I that are anticipated to be a of the service and a devement;			
	annually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or an annually in consultation of the consultation o	ion or assessment of			

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

(X6) DATE TITLE

Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER: A. BUILDING: COMPLETED		COMPLETED	
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		MHL060-586	B. WING		10/31/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		6807 IDLE	WILD BROOK	LANE	
IDLEWILD	HOME		TE, NC 28212		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 1	V 112		
	Continued From page	· 1			
	This Dula is not most	an avidanced by			
	This Rule is not met				
		ew and interview, the facility			
		pals and strategies to meet			
		udited clients (client #1) and			
	1 former client (FC #2	2). The findings are:			
	Review on 10/14/24 o	of client #1's record			
	revealed:				
	-Admission date of 7/	16/24.			
	-17 years old.				
	-Diagnoses of Opposi	itional Defiant Disorder,			
		eractivity Disorder, Major			
	Depressive Disorder.				
	-Person Centered Pla	an updated 9/16/24: "[Client			
		team to follow the guidelines			
	and rules of the facilit				
		t the display of aggressive			
	•	t Without Leave)/elopement			
	,	7 out of 7 days per week			
	over the next 30 days				
	-Goal strategies: "Pro	vide supervision, prompts			
	and redirection as we	ll as positive feedback to			
		e [client #1] to work on her			
	goals in the home and	d in the community. Help			
	•	ations, thoughts, feelings			
		l actions. Assist [client #1]			
	to identify the positive				
	managing frustration	•			
		nforcement, redirection,			
	de-escalation, guidan				
	staff/consumer/peer in				

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	of Health Service Regu				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		MHL060-586	B. WING		10/31/2024
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NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		
IDLEWILD	HOME		EWILD BROOK I	LANE	
		CHARLO	OTTE, NC 28212		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /
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1710		,	, ,,,	DEFICIENCY)	
V 112	Continued From page	- 2	V 112		
V 112	Continued From page	e z	V 112		
		osychoeducational activities			
	-	ment and maintenance of			
		nagement, social, family			
	•	n, and stress management			
	skills, etc."				
	Davious on 40/44/04	of FC #2's record revealed:			
	-Admission date of 6/6/24Discharge date of 10/4/2415 years oldDiagnoses of Agoraphobia; Adjustment Disorder				
	with mixed disturbance of emotions and conduct,				
	persistent.	oo or omedene and conduct,			
	-	an updated 9/13/24: "[FC #2]			
		ated areas 7 out of 7 days			
	and follow rules in the	_			
	-Goal Strategies: "Pro	ovide supervision, prompts			
	and redirection as we	ell as positive feedback.			
	Model appropriate be	ehavior. Encourage [FC #2]			
	to work on her goal ir	n the home and in the			
	community."				
		of the facility's internal			
	incident reports revea				
		ent reports from 8/1/24 to			
10/8/24.					
	Review on 10/15/24	of the North Carolina Incident			
		ent System (IRIS) revealed:			
		, 9/20/24, 10/1/24, and			
		ent #1 AWOL from the facility.			
	, ,	9/20/24, 10/1/24, and			
		#2 AWOL from the facility.			
	, p				
	Review on 10/15/24 of	of the local police			
	department call log of	f calls from the facility from			
	8/1/21 to 10/8/24 reve				
		on 8/24/24 ,8/25/24, 9/9/24,			
	9/14/24, 9/19/24,9/25	5/24, 9/27/24, 9/30/24,			

Division of Health Service Regulation

10/2/24, and 10/3/24.

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Division of	of Health Service Regu	llation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	,
		MALIL OCO EOC	B. WING		10/2	
		MHL060-586	1 2:		10/3	31/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6807 IDLE	WILD BROOK	LANE		
IDLEWILD	HOME		TTE, NC 28212			
	OLIMANA DV OT			DDOV/DEDIG DI ANI OF CODDECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF		DATE
				DEFICIENCY)		
V/ 110	0	- 2	V 112			
V 112	Continued From page	e 3	V 112			
	Interview on 10/8/24	with client #1 revealed:				
		of times because I got mad				
	•	ouple of days. Then I				
	stopped and then I we					
		e] up the road and once went				
	to a friend's house."	• •				
	-"[FC #2] is the reaso	n I kept running away. I				
		vith her. She is the reason I				
		use without permission. I'm				
	good now."	·				
	•	nt #1 and FC #2) run away I				
		yays went out the front door."				
	•	thing to prevent AWOLs.				
	-"[Staff #2] said, 'be s					
	= =	aid, 'Don't come back,'				
		d of us running away."				
	-"The rest of the staff	just called the police."				
	-Went AWOL "mostly"	every day. "We (client #1				
	and FC #2) stayed or	ne day then we ran the next				
	day."					
	-AWOL behavior was	happening for "probably4				
	weeks now."					
	-"When we got back ((from AWOL) we would be				
	on LOP (loss of privile	ege)."				
	-LOP meant "You have	e to do all the chores in the				
	house."					
		with FC #2 revealed:				
		m not there (at the facility) is				
	because I kept runnin					
	-"I don't stay where I'r					
	-"They (staff) don't ca					
		aid that I needed to leave				
	and not come back."					
	•	o a different facility). I didn't				
	care if I stayed there					
		C #2) left every day. We				
	-	ience store], [local store],				
	[local grocery store] o	or my friend's house."				

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Division of Health Service Regulation					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL060-586	B. WING		C 10/31/2024
NAME OF PR	ROVIDER OR SUPPLIER		.DDRESS, CITY, STA	TE, ZIP CODE	1 10/01/2024
			EWILD BROOK		
IDLEWILD	HOME		OTTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	 e 4	V 112		
	-"We always came ba				
		(in the community without			
		me back (to the facility) to			
	take a break and leav	` ,			
	-"It (AWOL) was happ	pening the whole time I have			
	been there (facility)."				
_ ,		ger and staff #2) said if we			
		out the front door. We used			
	to go out the window. They said they wouldn't stop us if we went out the front door."				
	-"They (staff) didn't talk about dangers; the cops				
	did."	and about darigoro, the cope			
		or 30 times (while living at			
		chores) for 3 days (after			
	AWOL). They didn't n				
	Interview on 10/8/24	with client #3 revealed:			
		2] was going AWOL every			
		ing without staff permission."			
	-"I'm not sure how lon				
	• •	4 weeks, maybe the whole			
	month (9/24). It was	constantly a lot. ould stay out until midnight,			
	•	irs, sometimes all day."			
	-"They just walked ou				
	-"Staff aren't allowed				
		y went out the window in [FC			
	#2's] room."				
		ly any consequences. They			
	•	chores, not allowed to go			
	out and do stuff, not a	allowed to watch TV."			
		and 10/30/24 with staff #1			
	revealed:	2] have been running pretty			
	<u>-</u>	zj nave been running pretty Imping out of windows and			
	going out the door."	pg cat of finingonio dila			
	5 5		1		

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-"We (staff) just give a speech (about dangers of AWOL) every now and then but they don't listen."

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
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		MHL060-586	B. WING		10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			EWILD BROOK		
IDLEWILD HOME		TTE, NC 28212			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 112	Continued From page	÷ 5	V 112		
	Find them (client #1 a search them and we	nd they handle everything. and FC #2), bring them back, go from there. They go in			
	their rooms and tear i and go again."	t up and pack their bags			
	-"It is like hide and se	ek."			
	· ·	OL is loosing electronics			
		happening every day so we			
	can't keep track of the	at." prevent AWOL)? Goals are			
	never met."	prevent/wvozy: Godis are			
	-"Basically we don't have any strategies. She				
	, ,	it because of the other			
	teenager (FC #2), like	e peer pressure." In to stay if they don't want."			
		st walking out the door			
	without asking. We n	otified the police to let them			
	know they are out the				
		hem (client #1 and FC #2)			
	because they went ou	it so iast.			
	Interview on 10/23/24 revealed:	and 10/30/24 with staff #2			
		nany times they (client #1			
	l '	last week (week of 9/9/24)			
	AWOL) 25 times."	had called in (to report			
		eptember. They (client #1			
	and FC #2) started go	oing AWOL like it was			
	nobody's business. J				
		ld go 2 or 3 times in a day." nem (client #1 and FC #2)			
		d the risk out there. It didn't			
		t cussed out in the process.			
	I always tell them abo	out the dangers. They think			
	they are invincible."				
		ces already in place (LOP),			
	circumvent that by do	d FC #2) knew they could			
		te them (client #1 and FC			

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP	Division of	of Health Service Regu	lation				
MHL060-586 B. WING		` '					
SUMMARY STATEMENT OF DEFICIENCIES CARALOTTE, NC 28212			MHL060-586	B. WING		1	
(24) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY PILL PREFIX TAG (EACH DEFICIENCY MUST BE PRECIDED BY PILL PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 112 Continued From page 6 #2) stay in the house. We can't lock them in. It would benefit them to keep them safe. All we can do is talk to them." "They (client #1 and FC #2) were just walking out the front door. A couple of times they jumped out the window. I told them not to jump because they could get hurt. They just walked out the door. Sometimes they tried to sneak out, a lot of times they threw their 2 fingers up like, 'Dufus I'm out." "I tried to communicate with her (client #1) about the dangers out therechild trafficking that would put her in danger. She might learn from it later, but it didn't appear that she was getting anything from it at the time." "Sometimes she (FC #2) jumped out the window. I told her not to jump because she could break an ankle or wrist." "They (client #1 and FC #2) felt that they were not getting any consequences and they could come and go as they please." "I tried to talk to them (client #1 and FC #2) as they were leaving. They kept going." "Interventions were given, but we couldn't keep them (client #1 and FC #2) here." "I never told them it is ok to go." -Denied telling client #1 and FC #2 not to come	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CHARLOTTE, NC 28212 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 112 Continued From page 6 #2) stay in the house. We can't lock them in. It would benefit them to keep them safe. All we can do is talk to them." ""They (client #1 and FC #2) were just walking out the front door. A couple of times they jumped out the window. I told them not to jump because they could get hurt. They just walked out the door. Sometimes they tried to sneak out, a lot of times they threw their 2 fingers up like, 'Dufus I'm out." "I' tried to communicate with her (client #1) about the dangers out there child trafficking that would put her in danger. She might learn from it later, but it didn't appear that she was getting anything from it at the time." "Sometimes she (FC #2) jumped out the window. I told her not to jump because she could break an ankle or wrist." "They (client #1 and FC #2) felt that they were not getting any consequences and they could come and go as they please." "I tried to talk to them (client #1 and FC #2) as they were leaving. They kept going." "Interventions were given, but we couldn't keep them (client #1 and FC #2) here." "I never told them it is ok to go." "Denied telling client #1 and FC #2 not to come	IDI EWII D	LIOME					
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#2) stay in the house. We can't lock them in. It would benefit them to keep them safe. All we can do is talk to them." -"They (client #1 and FC #2) were just walking out the front door. A couple of times they jumped out the window. I told them not to jump because they could get hurt. They just walked out the door. Sometimes they tried to sneak out, a lot of times they threw their 2 fingers up like, 'Dufus I'm out." -"I tried to communicate with her (client #1) about the dangers out therechild trafficking that would put her in danger. She might learn from it later, but it didn't appear that she was getting anything from it at the time." -"Sometimes she (FC #2) jumped out the window. I told her not to jump because she could break an ankle or wrist." -"They (client #1 and FC #2) felt that they were not getting any consequences and they could come and go as they please." -"I' tried to talk to them (client #1 and FC #2) as they were leaving. They kept going." -"I tried to talk to them (client #1 and FC #2) here." -"I never told them it is ok to go." -Denied telling client #1 and FC #2 not to come	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
would benefit them to keep them safe. All we can do is talk to them." -"They (client #1 and FC #2) were just walking out the front door. A couple of times they jumped out the window. I told them not to jump because they could get hurt. They just walked out the door. Sometimes they tried to sneak out, a lot of times they threw their 2 fingers up like, "Dufus I'm out." -"I tried to communicate with her (client #1) about the dangers out therechild trafficking that would put her in danger. She might learn from it later, but it didn't appear that she was getting anything from it at the time." -"Sometimes she (FC #2) jumped out the window. I told her not to jump because she could break an ankle or wrist." -"They (client #1 and FC #2) felt that they were not getting any consequences and they could come and go as they please." -"I tried to talk to them (client #1 and FC #2) as they were leaving. They kept going." -"Il trier ventions were given, but we couldn't keep them (client #1 and FC #2) here." -"I never told them it is ok to go." -Denied telling client #1 and FC #2 not to come	V 112	Continued From page	e 6	V 112			
Interview on 10/25/24 and 10/30/24 with staff #3 revealed: -"They (client #1 and FC #2) were consistently running." -"[FC #2] was running. [Client #1] was following." -"They (client #1 and FC #2) were constantly going and coming over about a 30 day period, after school started. If not every day, every other. Almost every day." -"There were no serious consequences." -"The police were getting frustrated because as soon as they brought them (client #1 and FC #2)		#2) stay in the house would benefit them to do is talk to them." -"They (client #1 and the front door. A courthe window. I told the could get hurt. They Sometimes they tried they threw their 2 fing.—"I tried to communicate dangers out there put her in danger. Shout it didn't appear the from it at the time." -"Sometimes she (FC) I told her not to jump ankle or wrist." -"They (client #1 and not getting any consecome and go as they.—"I tried to talk to them they were leaving. TI—"Interventions were getthem (client #1 and F.—"I never told them it in Denied telling client in Denied telling c	We can't lock them in. It is keep them safe. All we can FC #2) were just walking out ple of times they jumped out them not to jump because they just walked out the door. It is sneak out, a lot of times gers up like, 'Dufus I'm out.'" atte with her (client #1) about the might learn from it later, at she was getting anything in the window. Secure and they could please." In (client #1 and FC #2) as they kept going." If you here." Is ok to go." If and FC #2 not to come If and 10/30/24 with staff #3 FC #2) were consistently ger about a 30 day period, If not every day, every other. If you want to consequences." It ing frustrated because as				

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Division	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
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		MHL060-586	2		10/31/202	4
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IDLEWILD	HOME		TE, NC 28212			
			TL, NC 20212			
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PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		ATE
,,,,		,	17.0	DEFICIENCY)		
V 112	Continued From page	e 7	V 112			
	back they would get a	another call "				
		the library and had the				
	•	•				
		n we got back they (client #1				
	, -	ed out the door. With only 1				
	staff there is only so r					
	-Changes such as "se	•				
		It was counterproductive."				
		much as we could. Even				
	•	d have still walked out. It				
	didn't matter."					
	-"I tried to talk to them					
		ngers of being out without an				
		n of the consequences				
	Human trafficking	.Give them reminders when				
	they were not running	J. "				
	-"We could have done	e more if we had 2 staff."				
	-"There was no conse	equences."				
	Interview on 10/23/24	with the House Manager				
	revealed:					
	-"On a daily basis (sir	nce August) both of the girls				
		left 2 or 3 times a day."				
	-"As far as calling the	police it has probably been				
		lient #1 and FC #2 were				
	reported missing) if I	am not mistaken. The				
	police have gotten ag	itated with the situation.				
		ut how many times they				
	(police) have been ca					
		ve incorporated activities. I				
		ouse moreto see if it				
	_	pattern. The only thing that				
		ime of day) they would go				
	AWOL."	into or day, they would go				
		was (client #1 ran) when				
	[FC #2] was ready to					
		_				
	-"[Client #1] was the f					
		FC #2) would eat dinner and				
	pretend they were go	ing to bed and march out the				

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door."

-"With others (staff) they (client #1 and FC #2)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
A. BUILDING:		c			
		MHL060-586	B. WING		10/31/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
IDLEWILD	HOME	6807 IDLE	WILD BROOK	LANE	
CHARLOT		TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	8	V 112		
	(living room) and run -"Staff were supposed not seen anymore."	FC #2) would walk through			
	revealed: -"I got email notification when clients went AW -Was only aware of A' reported through IRIS -"[FC #2] was placed out, [client #1] would a -"Usually with 3 AWO look for other placeme -" With [client #1] we of Once [FC #2] was got needs." -Client #1 and FC #2 strategies in their plar -"If they didn't have A' added one." -"Consequences were	WOL incidents that were incomposed to the stabilize." Ls we assess for safety and ent options." did not do a 30 day notice, the we could better assess had AWOL goals and this." WOL goals we would have the LOP, no community oing so much it was hard to			
V 366	10A NCAC 27G .0603 RESPONSE REQUIR CATEGORY A AND B (a) Category A and B implement written pol response to level I, II shall require the provi	REMENTS FOR PROVIDERS providers shall develop and icies governing their or III incidents. The policies	V 366		

Division of Health Service Regulation

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Division of Health Service Regulation

DIVIDION	n nealth Service Negu	ialion			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
MUI 000 500			B. WING		C
		MHL060-586	J		10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
		6807 IDLE	WILD BROOK	LANE	
IDLEWILD HOME		TE, NC 28212			
	OLUMANA DV OT		1	DDO///DEDIO DI ANI OF CODDECTION	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	(- /
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	
				DEFICIENCY)	
V 366	Continued From page	. 0	V 366		
V 300	Continued From page	9	V 300		
	of individuals involved	d in the incident;			
	(2) determining	the cause of the incident;			
	(3) developing	and implementing corrective			
	measures according t	to provider specified			
	timeframes not to exc				
	(4) developing	and implementing measures			
		dents according to provider			
	specified timeframes	not to exceed 45 days;			
	(5) assigning person(s) to be responsible				
	for implementation of				
	preventive measures; (6) adhering to confidentiality requirements				
	` '	article 2A, 10A NCAC 26B,			
		3 and 45 CFR Parts 160 and			
	164; and				
	(7) maintaining	documentation regarding			
	Subparagraphs (a)(1)	through (a)(6) of this Rule.			
	(b) In addition to the	requirements set forth in			
	Paragraph (a) of this	Rule, ICF/MR providers			
	shall address incident	ts as required by the federal			
	regulations in 42 CFF	R Part 483 Subpart I.			
	(c) In addition to the	requirements set forth in			
	Paragraph (a) of this	Rule, Category A and B			
	providers, excluding I	CF/MR providers, shall			
	develop and impleme	nt written policies governing			
	their response to a le	vel III incident that occurs			
		delivering a billable service			
		on the provider's premises.			
		uire the provider to respond			
	by:	•			
		securing the client record			
	by:	•			
		e client record;			
	(B) making a pl				
		ne copy's completeness; and			
		the copy to an internal			
	review team;	copy to an internal			
	·	a meeting of an internal			
		hours of the incident. The			

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _			
			D MANAGE		С
		MHL060-586	B. WING		10/31/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		6807 IDLE	WILD BROOK	LANE	
IDLEWILD	HOME	CHARLO	TTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 366	Continued From page	e 10	V 366		
	internal review team	shall consist of individuals			
		d in the incident and who			
		for the client's direct care or			
	•	al oversight of the client's			
	•	of the incident. The internal			
	review team shall cor	nplete all of the activities as			
	follows:	•			
	(A) review the c	copy of the client record to			
		nd causes of the incident			
		dations for minimizing the			
	occurrence of future i	•			
	(B) gather other information needed;				
		n preliminary findings of fact			
		ays of the incident. The of fact shall be sent to the			
		nent area the provider is			
		IE where the client resides,			
	if different; and	TE WHOLE THE SHOLL LEGISTIC,			
		written report signed by the			
	` '	onths of the incident. The			
	final report shall be se	ent to the LME in whose			
	catchment area the p	rovider is located and to the			
	LME where the client	resides, if different. The			
		all address the issues			
		nal review team, shall			
	•	uments pertinent to the			
		ake recommendations for			
		rence of future incidents. If difference of future incidents. If			
		months of the incident, the			
		ovider an extension of up to			
	, ,	nit the final report; and			
		notifying the following:			
		sponsible for the catchment			
		ces are provided pursuant to			
	Rule .0604;				
	• •	nere the client resides, if			
	different; (C) the provide	r agency with responsibility			

Division of Health Service Regulation

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Division of Health Service Regulation

Division of	of Health Service Regu	ilation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	
			D WING			
		MHL060-586	B. WING		10/3	1/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE ZIP CODE		
			, ,	,		
IDLEWILD	HOME		EWILD BROOK	LANE		
		CHARLO	TTE, NC 28212			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		COMPLETE DATE
TAG	REGOLATORT ORT	EGG IDEIVIII TING INI GRIMATION	TAG	DEFICIENCY)	WATE	
V 366	Continued From page	e 11	V 366			
	for maintaining and w	ndating the alient's				
	for maintaining and u					
		erent from the reporting				
	provider;	a anti				
	(D) the Departm					
		legal guardian, as				
	applicable; and	uthorities required by law				
	(F) any other a	uthorities required by law.				
	This Dula is not most	an avidanced by				
	This Rule is not met	_				
		ew and interview, the facility				
	•	ritten policies governing				
	-	el II incidents as required.				
	The findings are:					
	D : 40/45/04	60 6 33 1 1 1				
		of the facility's internal				
	incident reports revea					
		ent reports from 8/1/24 to				
	10/8/24.					
	D : 40/45/04	(II N II O II I I I I				
		of the North Carolina Incident				
	•	ent System (IRIS) for the				
	dates 8/1/24 to 10/8/2					
		, 9/20/24, 10/1/24, and				
	10/3/24 reporting clie					
	Without Leave) from	•				
	-	9/20/24, 10/1/24, and				
		#2 AWOL from the facility.				
	•	ause analysis for AWOL				
		1 and FC #2 for 8/24/24,				
		9/24, 9/25/24, 9/27/24,				
	9/30/24, and 10/2/24.					
	Review on 10/15/24 of	of the local police				
	department call log of	f calls from the facility from				

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Division of	Division of Health Service Regulation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
						,
		MIII 000 500	B. WING		C	
		MHL060-586			10/3	31/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		6807 IDLE	WILD BROOK	LANE		
IDLEWILD	HOME	CHARLO [*]	TTE, NC 28212			
(V4) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	V.	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 366	Continued From page	e 12	V 366			
	8/1/21 to 10/8/24 reve					
		on 8/24/24, 8/25/24, 9/9/24,				
		5/24, 9/27/24, 9/30/24,				
	10/2/24, and 10/3/24.					
		with client #1 revealed:				
		of times because I got mad				
		couple of days. Then I				
	stopped and then I w					
	<u>-</u>	e] up the road and once went				
	to a friend's house."	Charles and I				
	_ =	on I kept running away. I				
	,	vith her. She is the reason I				
		use without permission. I'm				
	good now."	£- III				
	-"[Staff #2] said, 'Be s					
		aid, 'Don't come back,'				
		d of us running away."				
		just called the police."				
	_	" every day. "We stayed				
	one day then we ran	-				
	now."	ning for "probably4 weeks				
		c dates AWOLs occurred.				
		us back or we came on our				
		ported us to the missing				
		e brought us back in f****g				
	handcuffs."	blought us back in i g				
	nandouns.					
	Interview on 10/25/24	4 with FC #2 revealed:				
		'm not there (at the facility) is				
	because I kept runnin					
	-"I don't stay where I'i	-				
	-"They (staff) don't ca					
		aid that I needed to leave				
	and not come back."	and that i heeded to leave				
		o a different facility). I didn't				
	care if I stayed there					
	-"We left every day.					
		local store], [local grocery				
	CONVENIENCE Storej, [i	local storej, flocal grocery	1		J	1

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			_		
			B WINC		С
		MHL060-586	B. WING		10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	
			EWILD BROOK I		
IDLEWILD	HOME			LANE	
		CHARLO	OTTE, NC 28212		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(/
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
IAG		200 12 21 11 11 11 10 11 11 01 11 11 11 11 11 11	IAG	DEFICIENCY)	
			_		
V 366	Continued From page	e 13	V 366		
	atanal an may fuia malla h	"			
	store] or my friend's h				
		C #2) always came back at			
	night."	//			
		(in the community without			
		me back (to the facility) to			
	take a break and leav	J			
	-"The cops always bri	•			
		alk about dangers, the cops			
	did."				
	-"I ran away about 20				
	-Did not know specific	c dates AWOLs occurred.			
	Intention on 10/8/24	with client #3 revealed:			
		2] was going AWOL every ing without staff permission."			
	, ,	•			
	-"I'm not sure how lon	• .			
		4 weeks, maybe the whole			
	month. It was consta				
		ent #1 and FC #2] would			
	, ,	t, sometimes a few hours,			
	sometimes all day."				
		c dates AWOLs occurred for			
	client #1 and FC #2.				
	Interview on 10/9/24	and 10/20/24 with staff #1			
		and 10/30/24 with staff #1			
	revealed:	21 have been running protty			
	_	2] have been running pretty			
	going out the door."	ımping out of windows and			
	, 0	nany times client #1 and FC			
	#2 went AWOL). You	-			
		nd they handle everything.			
		and FC #2), bring them back,			
		go from there. They go in			
		it up and pack their bags			
	and go again."				
	-"It is like hide and se				
I	$_{ }$ -"After 15 or 20 minut	tes (of client #1 and FC #2			

Division of Health Service Regulation

leaving the facility) we would notify the police. They came back within 2 or 3 hours every time. I

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL060-586	B. WING	B. WING)24
IDLEWILD HOME 6807 IDLE			DRESS, CITY, STA WILD BROOK I TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CC	(X5) DMPLETE DATE
V 366	[grocery store] or the -"Sometimes they car Sometimes the police -"Every time they leav report. We send ther House Manager). I do on my shift." -Did not know specific client #1 and FC #2. Interview on 10/23/24 revealed: -"I lost count of how r and FC #2) ran. The the police told me we AWOL) 25 times." -AWOLs "started in S and FC #2) started go nobody's business. S Sometimes they woul -"They (client #1 and the front door. A cou the window. I told the could get hurt. They Sometimes they tried they threw their 2 fing -We tried to give then we called the policeWe gave them from and come back"When they (client # the House Manager, and we call [local poli report." -"I called the police et Sometimes they woul could do the recovery	nere they always went gas station." me back on their own. brought them back." we we write an incident in to management (the o that every time they leave c dates AWOLs occurred for and 10/30/24 with staff #2 many times they (client #1 last week (week of 9/9/24) had called in (to report eptember. They (client #1 bing AWOL like it was lust about every day. d go 2 or 3 times in a day." FC #2) were just walking out ple of times they jumped out em not to jump because they just walked out the door. to sneak out, a lot of times lers up like, 'Dufus I'm out." in enough time to go before 30 minutes to an hour to go 1 and FC #2) ran, I notified she calls the social worker, ce department] to do a very time they went. d leave again before we	V 366			

Division of Health Service Regulation

the house we have to call the police to make sure

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DIVISION	n nealth Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					С
		MHL060-586	B. WING		
		WITE060-506			10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		6807 IDLE	WILD BROOK	LANE	
IDLEWILD	HOME	CHARLOT	TE, NC 28212		
()(1) ID	SLIMMADV ST	ATEMENT OF DEFICIENCIES	1	PROVIDER'S PLAN OF CORRECTION	J (VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(- /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
V 366	Continued From page	e 15	V 366		
	thay dan't have ween	one or control and "			
	they don't have weap	eport) on a paper sheet. It is			
	,	. ,			
	(to the office)."	anager, and she turns it in			
		ent #1 and FC #2 ran for the			
	• (dent report). But not always			
		once in a day. There should			
	_	rt) for every day they ran. I			
	don't know the exact	,			
	don't know the exact	ua.00.			
	Interview on 10/25/24 and 10/30/24 with staff #3				
	revealed:				
		FC #2) were consistently			
	running."				
		g. [Client #1] was following."			
		FC #2) were constantly			
		er about a 30 day period,			
		If not every day, every other.			
	Almost every day."				
		ting frustrated because as			
		them (client #1 and FC #2)			
	back they would get a				
		#1 and FC #2) were gone come back and leave back			
	out."	COME DOOK AND ICAVE DOOK			
		0 minutes (of being out of			
		ce. We notify the supervisor			
	(House Manager) imr				
	minutes to call the po				
	-"We (staff) would call the police and do the incident report I always did an incident report." -"[House Manager] picked up the paper version of the report and took it to the office. We (staff) fill it				
		vhat happens to it next."			
	-"[House Manager] or				
	responsible for decidi				
	incident)."				
	-Did not know specific client #1 and FC #2.	c dates AWOLs occurred for			

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Division of	<u>of Health Service Regu</u>	ılation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			B. WING		C	
		MHL060-586	B. WING		10/31	1/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		6807 IDI I	WILD BROOK	LANE		
IDLEWILD	HOME			LANL		
		CHARLO	TTE, NC 28212			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG	112002110111 0111	200.22	IAG	DEFICIENCY)		
V 366	Continued From page	e 16	V 366			
	Interview on 10/22/24	Lwith the Lleves Manager				
		I with the House Manager				
	revealed:					
		ince August) both of the girls				
		left 2 or 3 times a day."				
		nights it would be 2 hours,				
	,	nat client #1 and FC #2 were				
		they would come back at				
	about 4 or 5 in the mo	•				
		police it has probably been				
	•	client #1 and FC #2 were				
	reported missing) if I	am not mistaken. The				
	police have gotten ag	itated with the situation.				
	The officer called abo	out how many times they				
	(police) have been ca	alled."				
	-"Staff were supposed	d to watch until they were				
	not seen anymore."	•				
	-	tes if they (client #1 and FC				
		staff) just let me know (and				
	did not complete an i	, -				
	-	leaving the facility for a				
	short period of time) a					
	-"A short amount of ti					
		5 minutes is a walk off."				
	-Did not document "v					
		ardians know for the short				
	ones (walking off and					
		our we do a level 1 incident				
		not generate a missing				
	person report."	not generate a missing				
	'	missing person report they				
		missing person report they				
		Quality Improvement (QA/QI)				
	Director) put them in					
		pletes IRIS. I send her an				
		re involved in any way, I				
	usually do send her a					
	•	c dates AWOLs occurred for				
	client #1 and FC #2.					
	Interview on 10/25/24	with the Clinical Director	1			

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revealed:

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Division c	Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	=TED
					c	;
		MHL060-586	B. WING		10/3	1/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			WILD BROOK			
IDLEWILD	HOME		TTE, NC 28212			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	,	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			+			
V 366	Continued From page	e 17	V 366			
	-"I got email notification	ons or follow-up phone calls				
	when clients went AW					
		WOL incidents that were				
	reported through IRIS					
		to keep line of sight for 15				
		e police. Within 24 hours legal guardian every time				
	they are gone more the	• •				
	, ,	ort (internal AWOL incident				
		they went AWOL and it				
	doesn't trigger an IRI					
	-"Staff are expected t	to fill out an incident report.				
		s it to myself and [QA/QI				
		ector] determines when an				
	IRIS needs to be don					
		or hospitalization would be				
	an IRIS."					
	Interview on 10/25/24	1 with the Quality				
		provement (QA/QI) Director:				
	1	responsible for getting				
	incident reports to me	e, and I review and complete				
	IRIS if needed."					
		to wait 15 minutes and then				
		department]. Call Manager				
	and Clinical Director.'	eport and [House Manager]				
	brings it to the office.	· · · · · · · · · · · · · · · · · · ·				
	_	or and QA/QI Director)				
	determine the level of	•				
		e (supervision) it should be				
	an incident report."	, ,				
		ce involved is a level 2				
	(incident)."					
		olice would not be involved is				
		nutes. If it was more than				
	15 minutes the police					
		reports, complete a risk otify the LME/MCO for all the				
		were involved for client #1				
	adioo illat illo polloo	Word involved for energy i	· 1		J	i l

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			' '	(X2) MULTIPLE CONSTRUCTION		
			A. BUILDING: _		COMPLETED	
		MHL060-586	B. WING		C 10/31/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	ODRESS, CITY, STA	TE, ZIP CODE		
IDI EWII D	HOME	6807 IDL	EWILD BROOK	LANE		
IDLEWILD HOME CHARLO		TTE, NC 28212				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 366	Continued From page	e 18	V 366			
		ehavior (8/24/24, 8/25/24, 5/24, 9/27/24, 9/30/24, and				
V 367	27G .0604 Incident R	eporting Requirements	V 367			
	level II incidents, except the provision of billab consumer is on the princidents and level II to whom the provider 90 days prior to the in responsible for the caservices are provided becoming aware of the submitted on a for Secretary. The report in person, facsimile of means. The report sl information: (1) reporting pridentification information: (2) client identification information: (3) type of incidentification of the cause of the incident; (6) other individence or responding. (b) Category A and B missing or incomplete	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within ncident to the LME atchment area where within 72 hours of the incident. The report shall m provided by the tray be submitted via mail, or encrypted electronic hall include the following covider contact and ion; fication information; tent; of incident; effort to determine the				

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(1)

the provider has reason to believe that

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DIVISION	or riealin Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_			
			D WING			
		MHL060-586	B. WING		10/3	31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			WILD BROOK	,		
IDLEWILD HOME				LANE		
	Г	CHARLOT	TE, NC 28212			T
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF		COMPLETE DATE
TAG	NEGOLATORI ORI	100 IDENTIFY TING IN ORWATION)	TAG	DEFICIENCY)	NATE	
V 367	Continued From page	e 19	V 367			
	information provided	in the report may be				
		g or otherwise unreliable; or				
	·	=				
	, ,	obtains information				
		ent form that was previously				
	unavailable.					
		providers shall submit,				
		₋ME, other information				
	obtained regarding th					
	(1) hospital rec	ords including confidential				
	information;					
	(2) reports by o	ther authorities; and				
	(3) the provider	's response to the incident.				
	(d) Category A and B	providers shall send a copy				
	of all level III incident	reports to the Division of				
	Mental Health, Devel	opmental Disabilities and				
		rvices within 72 hours of				
	becoming aware of th	ie incident. Category A				
	providers shall send a	. .				
	l -	client death to the Division of				
	_	ation within 72 hours of				
		ne incident. In cases of				
		ven days of use of seclusion				
		der shall report the death				
		red by 10A NCAC 26C				
	.0300 and 10A NCAC	•				
		B providers shall send a				
		LME responsible for the				
		e services are provided.				
		ubmitted on a form provided				
	I					
		electronic means and shall				
	include summary info	rmation as follows: errors that do not meet the				
	()					
	definition of a level II	•				
	· ,	nterventions that do not meet				
		el II or level III incident;				
		a client or his living area;				
		client property or property in				
	the possession of a c					
	(5) the total nur	mber of level II and level III				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
					С
		MHL060-586	B. WING		10/31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
IDLEWILD	IDLEWILD HOME 6807 IDLE CHARLOT			LANE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 367	Continued From page	20	V 367		
	been no reportable in incidents have occurr meet any of the criter	indicating that there have cidents whenever no ed during the quarter that ia as set forth in Paragraphs e and Subparagraphs (1)			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report level II incidents in the Incident Response Improvement System (IRIS) within 72 hours of becoming aware of the incident. The findings are:				
	Response Improvement dates 8/1/24 to 10/8/2 -No reports found for #1 and FC #2 for 8/24	of the North Carolina Incident ent System (IRIS) for the 24 revealed: incidents of AWOL for client 4/24, 8/25/24, 9/14/24, 7/24, 9/30/24, and 10/2/24.			
	8/1/21 to 10/8/24 reversing person calls	calls from the facility from ealed: on 8/24/24, 8/25/24, 9/9/24, 5/24, 9/27/24, 9/30/24,			
	-"I ran away a couple	with client #1 revealed: of times because I got mad ouple of days. Then I ent again."			

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PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP.	Division o	of Health Service Regu	lation				
MMHL060-586 B. WING				' '			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SOUTH AND SOUTH A				A. BOILDING			
SUMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NO 28212			MHL060-586	B. WING		1	
CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTE, CASH, CA	NAME OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
CHARLOTTE, NC 28212 SUMMARY STATEMENT OF DEFICIENCISES TAGS SUMMARY STATEMENT OF DEFICIENCISES PRECEDED BY FULL PREPRIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPRIX TAGS CONTINUED FROM ISC IDENTIFYING INFORMATION) D PREPRIX TAGS CROSS-REFERENCED TO THE APPROPRIATE DATE	IDI EWII D	HOME	6807 IDLE	WILD BROOK L	ANE		
PREFEX TAG CONTINUED FROM INSTITUTE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 367 Continued From page 21 "I went to [local store] up the road and once went to a friend's house." "[FC #2] is the reason I kept running away. I used to go (AWOL), with her. She is the reason I used to leave the house without permission. I'm good now." "The rest of the staff just called the police." "Went AWOL" "mostly" every day. "We stayed one day then we ran the next day." "Did not know specific dates AWOLs occurred. "The police brought us back or we came on our own. They (staff) reported us to the missing hotline and the police brought us back in f***********************************	IDLEVVILD	HOWE	CHARLOT	TE, NC 28212			
"'I went to [local store] up the road and once went to a friend's house." "IFC #2] is the reason I kept running away. I used to go (AWOL) with her. She is the reason I used to leave the house without permission. I'm good now." "The rest of the staff just called the police." -Went AWOL "mostly" every day. "We stayed one day then we ran the next day." -Did not know specific dates AWOLs occurred. "The police brought us back or we came on our own. They (staff) reported us to the missing hottline and the police brought us back in f***********************************	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETE DATE
to a friend's house." -"[FC #2] is the reason I kept running away. I used to go (AWOL) with her. She is the reason I used to leave the house without permission. I'm good now." -"The rest of the staff just called the police." -Went AWOL "mostly" every day. "We stayed one day then we ran the next day." -Did not know specific dates AWOLs occurred. -"The police brought us back or we came on our own. They (staff) reported us to the missing hottline and the police brought us back in f******g handcuffs." Interview on 10/25/24 with FC #2 revealed: -"The whole reason I'm not there (at the facility) is because I kept running away." -"I don't stay where I'm not wanted." -"I wanted to move (to a different facility). I didn't care if I stayed there or not." -"We (client #1 and FC #2) left every day. We went to [local convenience store], [local store], [local grocery store] or my friend's house." -"We (client #1 and FC #2) always came back at night." -"We would be there (in the community without staff) 4 hours and come back (to the facility) to take a break and leave again." -"The cops always bring us home." -"It ran away about 20 or 30 times." -Did not know specific dates AWOLs occurred. Interview on 10/8/24 with client #3 revealed:	V 367	Continued From page	e 21	V 367			
-"I wanted to move (to a different facility). I didn't care if I stayed there or not." -"We (client #1 and FC #2) left every day. We went to [local convenience store], [local store], [local grocery store] or my friend's house." -"We (client #1 and FC #2) always came back at night." -"We would be there (in the community without staff) 4 hours and come back (to the facility) to take a break and leave again." -"The cops always bring us home." -"I ran away about 20 or 30 times." -Did not know specific dates AWOLs occurred. Interview on 10/8/24 with client #3 revealed:		to a friend's house." -"[FC #2] is the reaso used to go (AWOL) wused to leave the hougood now." -"The rest of the staff -Went AWOL "mostly' one day then we ran a Did not know specific -"The police brought own. They (staff) rephotline and the police handcuffs." Interview on 10/25/24 -"The whole reason I' because I kept running	on I kept running away. I with her. She is the reason I use without permission. I'm "just called the police." "every day. "We stayed the next day." c dates AWOLs occurred. us back or we came on our ported us to the missing e brought us back in f*****g I with FC #2 revealed: I'm not there (at the facility) is ng away."				
day. They were leaving without staff permission." -"I'm not sure how long (AWOLs had been occurring), about 3 to 4 weeks, maybe the whole month. It was constantly a lot."		-"I wanted to move (to care if I stayed there -"We (client #1 and F) went to [local convenigoral grocery store] or -"We (client #1 and F) night." -"We would be there staff) 4 hours and contake a break and leave -"The cops always briden away about 20 -Did not know specific Interview on 10/8/24 vir."[Client #1 and FC #2 day. They were leavir."I'm not sure how lor occurring), about 3 to	o a different facility). I didn't or not." C #2) left every day. We ience store], [local store], or my friend's house." C #2) always came back at (in the community without me back (to the facility) to re again." ing us home." o or 30 times." c dates AWOLs occurred. with client #3 revealed: 2] was going AWOL every ing without staff permission." ng (AWOLs had been of 4 weeks, maybe the whole				

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-"Sometimes they [client #1 and FC #2] would

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Division of	of Health Service Regu	ılation				
	COF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:			COMPL	.ETED
			_			_
		14111 222 500	B. WING		100	
		MHL060-586	D. WIII -		10/3	31/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
		6807 IDL	EWILD BROOK L	ANE		
IDLEWILD	HOME		TTE, NC 28212			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
TAG	REGULATORY ON EGG IDENTIFY FING IN GRAWATION)		TAG	DEFICIENCY)	MAIL	
			+			+
V 367	Continued From page	∍ 22	V 367			
	etav out until midnigh	t, sometimes a few hours,				
	sometimes all day."	t, sometimes a lew means,				
		c dates AWOLs occurred for				
	client #1 and FC #2.	Judico / WVOLO COCALICA IC.				
	Interview on 10/8/24	and 10/30/24 with staff #1				
	revealed:					
		2] have been running pretty				
	_	imping out of windows and				
	going out the door."					
		nany times client #1 and FC				
	#2 went AWOL). You					
	·	nd they handle everything.				
		and FC #2), bring them back,				
		go from there. They go in				
		it up and pack their bags				
	and go again."					
	-"It is like hide and se	ek."				
	-"After 15 or 20 minut	tes (of client #1 and FC #2				
		e would notify the police.				
		in 2 or 3 hours every time. I				
		here they always went				
	[grocery store] or the	gas station."				
		me back on their own.				
	Sometimes the police	•				
		ve we write an incident				
		m to management (the				
	,	o that every time they leave				
	on my shift."					
		c dates AWOLs occurred for				
	client #1 and FC #2.					
	l					
		and 10/30/24 with staff #2				
	revealed:					
		many times they (client #1				
	,	last week (week of 9/9/24)				
ļ	the police told me we	had called in (to report				

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AWOL) 25 times."

-AWOLs "started in September. They (client #1 and FC #2) started going AWOL like it was

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Division of	Division of Health Service Regulation					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SI COMPLE	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLE	ILED
					с	
		MHL060-586	B. WING		10/3	1/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, STA	TE ZIP CODE		
TO THE OT THE	TO VIDEIX OIX GOI I EIEIX		WILD BROOK			
IDLEWILD	HOME		TE, NC 28212	LANE		
			TE, NC 20212			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 367	Continued From page	23	V 367			
	nobody's business. J	ust about every day				
		d go 2 or 3 times in a day."				
		FC #2) were just walking out				
	• .	ple of times they jumped out				
		em not to jump because they				
		just walked out the door.				
		to sneak out, a lot of times				
		ers up like, 'Dufus I'm out.'"				
	, ,	n enough time to go before				
	we called the police.	5				
		30 minutes to an hour to go				
	and come back.	•				
	-"When they (client #	1 and FC #2) ran, I notified				
	the House Manager,	she calls the social worker,				
	and we (staff) call [loo	cal police department] to do				
	a report."					
	-"I called the police ev	-				
		d leave again before we				
	could do the recovery					
		and FC #2) arrive back at				
		call the police to make sure				
	they don't have weap					
	, , ,	dent report) on a paper				
	turns it in (to the office	ne House Manager, and she				
		ent #1 and FC #2 ran for the				
		dent report). But not always				
		once in a day. There should				
	•	rt) for every day they ran. I				
	don't know the exact	,				
	Interview on 10/25/24	and 10/30/24 with staff #3				
	revealed:					
		FC #2) were consistently				
	running."					
	• .	FC #2) were constantly				
		er about a 30 day period,				
		If not every day, every other.				
	Almost every day."					
	-"The police were get	ting frustrated because as				

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Division of Health Service Regulation								
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:						
		MHL060-586	B. WING		C 10/31/2024			
		WITI LUGU-300			1 10/3	71/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE				
	6807 IDLEWILD BROOK LANE							
IDLEWILD	HOME	CHARLO	TTE, NC 28212					
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE		
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE		
				DEFICIENCY)				
V 367	Continued From page 24		V 367					
	soon as they brought them (client #1 and FC #2)							
	back they would get a							
		#1 and FC #2) were gone						
		come back and leave back						
	out."	come back and leave back						
		O minutes (of boing out of						
		0 minutes (of being out of ce. We notify the supervisor						
	_ ,							
	(House Manager) immediately and wait 20							
	minutes to call the police."							
	-"We (staff) would call the police and do the							
	incident reportI always did an incident report."							
	-"[House Manager] picked up the paper version of							
	the report and took it to the office. We (staff) fill it							
	out and I'm not sure what happens to it next."							
	-"[House Manager] or [Clinical Director] is responsible for deciding the level (of the							
	incident)."	ing the level (of the						
	,	c dates AWOLs occurred for						
	client #1 and FC #2.	c dates AVVOLS occurred for						
	Cliciti #1 and 1 O #2.							
	Interview on 10/23/24 with the House Manager							
	revealed:	J						
	-"On a daily basis, (si	ince August) both of the girls						
	(client #1 and FC #2)	left 2 or 3 times a day."						
	-"On average, some i	nights it would be 2 hours,						
	some 5 or 6 hours (th	nat client #1 and FC #2 were						
	AWOL). Sometimes	they would come back at						
	about 4 or 5 in the mo	orning."						
		police it has probably been						
	about 25 times (that of	client #1 and FC #2 were						
	reported missing) if I	am not mistaken. The						
	police have gotten ag	itated with the situation.						
	The officer called abo	out how many times they						
	(police) have been ca	alled."						
	-"Staff were supposed	d to watch until they were						
	not seen anymore."							
	-"After about 30 minu	tes if they (client #1 and FC						
	#2) come back they (staff) just let me know (and						
	did not complete an ii							
		leaving staff supervision for						

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Division of	<u>of Health Service Regu</u>	ılation				
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:			
			_			
			B. WING		С	
		MHL060-586	D. WING		10/31/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE ZIP CODE		
TO WILL OF TH	NOVIBER OR GOLF EIER					
IDLEWILD	HOME		EWILD BROOK			
		CHARLO	OTTE, NC 28212			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	()	
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		E
TAG			TAG	DEFICIENCY)	MAIE	
				,		
V 367	Continued From page 25		V 367			
	a short period of time) a walk down time."					
	-"A short amount of ti	me (away from staff				
	supervision), up to 45	5 minutes is a walk off."				
	-Did not document "v					
		ardians know for the short				
	ones (walking off and					
		our we do a level 1 incident				
	, ,					
	report if the police do not generate a missing person report."					
	-"If they (police) do a missing person report they					
	(Quality Assurance/Quality Improvement (QA/QI)					
	Director) put them in the IRIS system."					
	-[QA/QI Director] completes IRIS. I send her an					
	email. If the police are involved in any way, I					
	usually do send her a message."					
		c dates AWOLs occurred for				
	client #1 and FC #2.					
	Interview on 10/25/24 with the Clinical Director					
	revealed:					
	-"I got email notifications or follow-up phone calls					
	when clients went AWOL." -Was only aware of AWOL incidents that were					
	reported through IRIS					
	-"The policy is to try to	o keep line of sight for 15				
	minutes, then call the	police. Within 24 hours				
	notify myself and the	legal guardian every time				
	they are gone more tl					
		ort (internal AWOL incident				
		hey went AWOL and it				
	doesn't trigger an IRI					
	55	o fill out an incident report.				
		s it to myself and [QA/QI				
		ector] determines when an				
	IRIS needs to be don					
		or hospitalization would be				
	an IRIS."	5. Hoopitalization would be				
	an iitio.					
	Interview on 10/25/24	I with the Quality				
	Assurance/Quality Im	provement (QA/QI) Director:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHI 060.586	B. WING		C	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6807 IDLEWILD BROOK LANE						1/2024
IDELVVILL	TIONE	CHARLOT	TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	CHARLOTTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 367			

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