STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-586	A. BUILDING: _____ B. WING _____	R-C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDLEWILD HOME	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	INITIAL COMMENTS A complaint and follow up survey was completed on 2/13/25. The complaint was unsubstantiated (intake #NC00226939). Deficiencies were cited. This facility is licensed for the following service cattegory: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. This facility is licensed for 4 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former clients.	V 000		
V 118	27G .0209 (C) Medication Requirements 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	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 re train staff on Medication Administration Record (MAR) and how to document immediately after medication administration. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 3/15/2025 and ongoing RECEIVED MAR 07 2025 DHSR-MH Licensure Sect	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marisil Burgos, MA QP

TITLE: QAQI Director

(X6) DATE: 3/3/2025

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V 118	Continued From page 1 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure MARs were kept current for 1 of 3 clients (former client (FC) #3). The findings are: Review on 2/7/25 of FC #3's record revealed: -Admission date of 12/16/24. -Discharge date of 1/26/25. -15 years old. -Diagnosis of Major Depressive Disorder. -Physician's Order dated 11/22/24: Estarylla 0.25mg (milligrams) -.35mg 1 tablet daily. Review on 2/13/25 of FC #3's January 2025 MAR revealed: -Norg-Ethin-Estra 0.25-0.35mg was documented as administered on 1/21/25 through 1/24/25. Interview on 2/13/25 with the Program Manager revealed: -FC #1 ran out of Estarylla after receiving her dose on 1/20/25. -FC #1 did not receive Estarylla on 1/21/25 through 1/24/25. -Did not know why the MAR was initialed when the medication was not administered. -Was unable to get the Estarylla refilled because the psychiatrist would not write a prescription and	V 118		

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V 118	Continued From page 2 was unable to obtain an appointment with the primary care doctor until after FC #3 was discharged. Interview on 2/13/25 with the Quality Assurance/Quality Improvement Director revealed: -Did not know FC#3's Estarylla had been missed for 4 days. -Did not know why FC's MAR for Estarylla had been initialed indicating it had been administered when it was unavailable. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 118		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B,	V 366	PCS staff will ensure all level 1 incidents reports include causes of the incident and recommendations for minimizing the occurrence of future incidents. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 3/15/2025 and ongoing	

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V 366	Continued From page 3 42 CFR Parts 2 and 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 incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact	V 366		

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V 366	Continued From page 4 within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law.	V 366		

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V 366	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written policies governing their responses to level I incidents. The findings are: Review on 2/11/21 of the facility's incident reports revealed: -"On 12/24/2004 [FC #3] came out of her room to say that [client #1] had given her alcohol but she had not drank it. [FC #3] had the 3 miniature bottles of [vodka] hidden in her pencil case. Staff retrieved the bottles and poured them out then throwing them away. Staff then did room checks where we found empty bottles of 1 wine and 1 [vodka] in [client #1's] room. Both clients went back and forth and there has been no determination of where the bottles came from and both girls are lying and being deceitful. Both are on LOP (loss of privilege) for 72 hours and search and seizure will be conducted and signed off daily upon arrival into the home from anywhere including community outings and home visits." -"On Saturday night (1/18/25) [FC #1] was caught leaving [client #1] a note in her door jam staff removed the note il attach with to sum up stated they were on a relationship and [FC #3] wanted her belongings back. Once they awoke Sunday morning [FC #3] began antagonizing [client #1] and threatened to call the police on her for stealing and she actually did grab the phone staff grabbed it and hung up. They were both instructed to leave each other alone and go into there own spaces and [FC #3] kept going at [client #1] yelling out private things she had been told her and [client #1] began to get agitated attempting to fight [FC #3]. Staff assisted her to her room to separate the two." -No evidence of determining cause or assigning a	V 366		

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V 366	Continued From page 6 person for implementation of corrections and preventive measures for the incidents on 12/24/24 and 2/11/25. Interview on 2/13/25 with the Program Manager revealed: -Incidents were reviewed to determine cause, prevention and corrective measures, but did not document. Interview on 12/13/25 with the Quality Assurance/Quality Improvement Director revealed: -Level 1 incidents were communicated via email. -Did not determine cause, prevention and corrective measures for level 1 incidents. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain its grounds in a safe, clean, attractive and orderly manner. Observation on 2/12/25 at approximately 2:30pm revealed: -Extended deck attached to cement patio had rotten wood and 2 holes approximately 2 to 4 feet in diameter.	V 736	PCS will maintain the facility in a safe, clean, attractive and orderly manner. PCS will ensure all the items listed on POC are fixed by 3/15/2025 Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 3/15/2025 and ongoing	

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V 736	Continued From page 7 Interview on 2/12/25 with staff #1 revealed: -The clients did not go out back. -Had not seen the rotten wood and holes on the deck. -"We (staff) got rid of the broken furniture." Interview on 2/13/25 with the Quality Assurance/Quality Improvement Director revealed: -Did not know if plans had been made to repair the rotten wood and holes on the deck. -"I will follow up with maintenance. We will have to get quotes." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		