STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL067-206	A. BUILDING: _____ B. WING _____	08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IDLEBROOK HOUSE	2671 IDLEBROOK CIRCLE MIDWAY PARK, NC 28544

(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 An annual survey was completed on 08/27/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This faciity is licensed for 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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V 112	Continued From page 1	V 112		

This Rule is not met as evidenced by:
Based on record reviews, observation and interviews, the facility failed to develop and implement treatment strategies for 1 of 3 clients (Client #3). The findings are:

Review on 08/27/25 of client #3's record revealed:
-Admission date of 10/02/23.
-Autism Spectrum Disability and Severe Intellectual Disability.
-Individual Support Plan (ISP) revised on 03/31/25- had no goals or strategies to address the restriction of his clothing items and his locked closet documented on his ISP.

Observation on 08/27/25 at approximately 10:50am revealed:
-Client #3's bedroom closet door was locked with clothing items inside of the closet and staff #1 had key around the wrist.

Interview attempted on 08/27/25 with client #3:
-When asked a question client #3 put his hands on his head and did not repsond.

Interview on 08/27/25 staff #1 revealed:
-Client #3's closet was locked due to him ripping his clothing items.
-Client #3 had get permission from staff if he wanted access to his locked closet.
-There was a physician's order for the locked

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V 112	Continued From page 2 closet door. -The Rights Committee met and the facility was granted permission to lock the closet. -The locked closet door was in his ISP. Interview on 08/27/25 the Qualified Professional revealed: -She was responsible along with the care coordinator with the development of the plan. -She was aware that client #3's closet was locked. -The closet was locked because client #3 would rip his clothing items. -The facility had a signed consent from the guardian to lock the closet. -There was a physician's order to lock the closet in client #3's file. -"I did not realize it had to be put in the plan." -"It's my fault, the directions were not clear from the care coordinator." -She would add the locked closet to the ISP today. Interview on 08/27/25 the Home Manager revealed: -Staff had the key to the closet but, client #3 has access to the closet. -She would double check and make sure that the locked door gets in the plan.	V 112		