Division of Health Service Regulation

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 12/18/2025

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 An annual and follow up survey was completed on 12/18/25. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment Facilities For Children and Adolescents. This facility is licensed for 4 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 117	27G .0209 (B) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (b) Medication packaging and labeling: (1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible; (2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate; (3) The packaging label of each prescription drug dispensed must include the following: (A) the client's name; (B) the prescriber's name; (C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa	V 117	PCS will ensure all the medication maintain pharmacy packing labels as required for each prescription dispensed. PCS will re train staff on how to maintain pharmacy packing labels for each prescription at all times. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 1/17/2026 and ongoing	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marisil Burgos, MA QP | TITLE: QAQI Director | (X6) DATE: 12/31/2025

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 12/18/2025

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 117	Continued From page 1 center), and the name of the dispensing practitioner. This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to maintain pharmacy packing labels as required for each prescription dispensed for 1 of 3 current clients (Client #3). The findings are: Review on 12/18/25 of Client #3's record revealed: - Admission date 6/13/25; - Age 15 years old; - Diagnoses: Major Depressive Disorder recurrent, moderate; Generalized Anxiety Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Use Disorder; Post Traumatic Stress Disorder; - No physician order for Drospirenone and Ethinyl Estradiol tablets (birth control) 3mg 0.02mg. Review on 12/17/25 at approximately 3:25pm of Client #3's medication revealed: - Drospirenone and Ethinyl Estradiol tablets 3mg/0.02mg with no pharmacy label. Interview on 12/17/25 with Staff #1 revealed: - "The label was on the box and someone threw the box away." Interview on 12/18/25 with the House Manager revealed: - "Someone must have taken the label off of the	V 117		

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 12/18/2025

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 117	Continued From page 2 medication." Interview on 12/18/25 with the Quality Assurance/Quality Improvement Director revealed: - "We will have staff trained again in medication administration."	V 117		
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 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation	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: 1/17/2026 and ongoing	

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 12/18/2025

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 118	Continued From page 3 with a physician. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure that medication was administered on a written order of a physician, failed to obtain a written physician's order and failed to keep MAR current for 2 of 3 current clients (Clients #2, #3). The findings are: Review on 12/18/25 of Client #2's record revealed: - Admission date 5/9/25; - Age 17 years old; - Diagnosis: Post Traumatic Stress Disorder; - Physician's Order dated 9/1/25 Melatonin (sleep) 5mg (milligram), Take 1 tablet by mouth every night at bedtime; 10/15/25 Sertraline 25mg, Take 1 tablet by mouth daily. Review on 12/17/25 of Client #2's MAR from October 1, 2025- December 17, 2025 revealed: - No staff initials for administration of medication for Melatonin 5mg on 11/16/25; - No staff initials for administration of medication for Sertraline 25mg on 11/15/25-11/17/25. Observation on 12/17/25 at approximately 3:18pm of Client #2's medications revealed: - There was no Sertraline 25mg at the facility. Review on 12/18/25 of Client #3's record revealed: - Admission date 6/13/25;	V 118		

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 12/18/2025

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 118	Continued From page 4 - Age 15 years old; - Diagnoses: Major Depressive Disorder Recurrent, Moderate; Generalized Anxiety Disorder; Attention Deficit Hyperactivity Disorder; Cannabis Use Disorder; Post Traumatic Stress Disorder; - Physician's orders dated 6/11/25 Quetiapine (Major Depressive Disorder) 300mg, Take 1 tablet by mouth every night at bedtime; Melatonin 10mg, Take 1 tablet by mouth daily at bedtime; - No physician's orders for Drospirenone and Ethinyl Estradiol tablets (birth control) 3mg 0.02mg; Duloxetine (Major Depressive Disorder) DR (delayed release) 40mg. Review on 12/7/25 of Client #3's MAR from October 1, 2025-December 17, 2025 revealed: - No staff initials for administration of medication for Quetiapine 300mg on 10/25/25; - No staff initials for administration for medication for Quetiapine 300mg on 11/13/25; - No staff initials for administration for medication for Quetiapine 300mg on 12/11/25; - No staff initials for administration for medication for Melatonin 10mg on 10/25/25; - No staff initials for administration for medication for Melatonin 10mg on 12/11/25. Interview on 12/17/25 with Client #2 revealed: - Was administered medications daily; - "Right now, I don't have medication for my anxiety. I ran out this morning." Interview on 12/17/25 with Client #3 revealed: - Was administered medications daily. Interview on 12/18/25 with the House Manager revealed: - Reviewed the MARs "weekly to biweekly;" - Was waiting on Client #3's legal guardian to	V 118		

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 12/18/2025

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 118	Continued From page 5 provide the physician's orders; - Reported missing signatures on the MARs to the Quality Assurance/ Quality Improvement (QA/QI) Director, and "she tells me how to fix it;" - The blank spots on the MARs meant Client #2 and Client #3 were not administered their medications; - When clients ran out of medications, "it is usually within the next day, we have the medication." Interview on 12/18/25 with the QA/QI Director revealed: - "We will have staff trained again in medication administration." 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	V 366	PCS staff will ensure all level 1 incidents reports are completed according to policies. PCS will re train staff on incident report procedure. Monitor by: Program Manager, Clinical Director and QA/QI Director Complete date: 1/17/2026 and ongoing	

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 12/18/2025

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 366	Continued From page 6 preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 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	V 366		

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 12/18/2025

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 366	Continued From page 7 occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact 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		

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 12/18/2025

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 366	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interviews the facility failed to implement policies governing their response to Level I incidents. The findings are: Review on 12/17/25 of the facility's incident reports from October 1, 2025- December 17, 2025 revealed: -No Incident Reports or Risk/Cause/Analysis (RCA) for: - Client #2's Melatonin 5mg was not administered on 11/16/25; - Client #2's Sertraline 25mg was not administered on 11/15/25-11/17/25; - Client #3's Quetiapine 300mg was not administered on 10/25/25, 11/13/25, 12/11/25; - Client #3's Melatonin 10mg was not administered on 10/25/25, 12/11/25. Interview on 12/18/25 with the House Manger revealed: - "Whatever staff is there (facility) for the incident, will complete the incident report;" - "When there is a blank on the MAR, that means the client did not receive the medication and an incident report should have been completed. Interview on 12/18/25 with the Quality Assurance/Quality Improvement Director revealed: - Did not receive any incident reports for medications errors. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 366		

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 12/18/2025

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 736	Continued From page 9	V 736		
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 12/17/25 at approximately 4:47pm revealed: - Extended deck attached to cement patio had rotten wood and 2 holes approximately 2 to 3 feet in diameter. Interview on 12/18/25 with the Quality Assurance/Quality Improvement Director revealed: - "We usually repair what is cited (prior citations). I need to look into this." This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736	PCS will maintain the facility in a safe, clean, attractive and orderly manner. PCS will repair the extended deck attached to cement patio with the two rotten wood and 2 holes. Monitor by: House Manager, HR Director, Clinical Director and QA/QI Director Complete date: 1/17/2026	