

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _  B. WING: _	(X3) DATE SURVEY COMPLETED  <b>05/15/2018</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTTE DAYT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD CHARLOTTE, NC 28211</b>
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 5/15/18. The complaint was unsubstantiated (Intake NC # 00138222). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p>	V 000	<p>Human resources has since implemented various auditing measures to ensure all required pre-employment background screens are completed prior to hire. HR completes a double verification process to hire- one that is completed by HR Compliance Associate and the other by the Director of HR or designee. The date and staff initials are documented in the new employee checklist in their personnel file.</p> <p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>MAY 30 2018</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	12/4/09
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Health Care Personnel Registry (HCPR) be accessed and the results documented prior to an offer of employment for all employees affecting 1 of 5 audited staff members (Program Manager). The findings are:</p> <p>Review on 5/15/18 of the Program Manager's record revealed: -Hire date of 11/30/09; -HCPR completed 12/04/09.</p> <p>Interview on 5/15/18 with the Human Resource</p>	V 131		

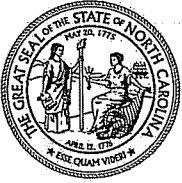
Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _  B. WING _	(X3) DATE SURVEY COMPLETED  <b>05/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTTE DAY T</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD CHARLOTTE, NC 28211</b>
--	---

(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 131	Continued From page 1  Associate revealed: -The HCPR was completed late; -It is the policy for all HCPR to be completed prior to an offer of employment.	V 131	Human resources has since implemented various auditing measures to ensure all required pre-employment background screens are completed prior to hire. HR completes a double verification process to hire- one that is completed by HR Compliance Associate and the other by the Director of HR or designee. The date and staff initials are documented in the new employee checklist in their personnel file.	12/4/09



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

**ROY COOPER** • Governor  
**MANDY COHEN, MD, MPH** • Secretary  
**MARK PAYNE** • Director

May 17, 2018

Mr. Leonard Shinhoster  
Alexander Youth Network  
6220 Thermal Road  
Charlotte, NC 28211

Re: Annual and Complaint Survey completed May 15, 2018  
Alexander Youth Network – Charlotte Day Treatment, 6220 Thermal Road, Charlotte, NC 28211  
MHL # 060-968  
E-mail Address: [lshinhoster@alexanderyouthnetwork.org](mailto:lshinhoster@alexanderyouthnetwork.org);  
[bplummer@alexanderyouthnetwork.org](mailto:bplummer@alexanderyouthnetwork.org)  
Intake #NC00138222

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed May 15, 2018. The complaint was unsubstantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- Standard level deficiency.

**Time Frames for Compliance**

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 14, 2018.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

MENTAL HEALTH LICENSURE AND CERTIFICATION SECTION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
[www.ncdhhs.gov/dhsr/](http://www.ncdhhs.gov/dhsr/) • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 17, 2018  
Alexander Youth Network  
Mr. Leonard Shinhoster

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier, Team Leader at 704-596-4072.

Sincerely,



Eileen Sanchez, MA  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: Rob Robinson, Director, Alliance Behavioral Health LME/MCO  
Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO  
Trey Suttan, Interim Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Kim Keehn, Quality Management Director, Trillium Health Resources LME/MCO  
Sarah Stroud, Director, Eastpointe LME/MCO  
Jeanette Jordan-Huffam, Quality Management Director, Eastpointe LME/MCO  
W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO  
Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO  
Victoria Whitt, Director, Sandhills Center LME/MCO  
Carol Robertson, Quality Management Director, Sandhills Center LME/MCO  
Brian Ingraham, Director, Vaya Health LME/MCO  
Patty Wilson, Quality Management Director, Vaya Health LME/MCO