

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2018
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NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - ELM STREET	STREET ADDRESS, CITY, STATE, ZIP CODE 6220-D THERMAL ROAD CHARLOTTE, NC 28211
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(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 survey was completed on 6/28/18. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Adolescents or Children.</p>	V 000	<ol style="list-style-type: none"> 1. Staff training initiated via Email and verbal reminders to each staff to sign off on mar as soon as meds are given 2. Each staff member on <i>shift will check the other</i> staff members MAR to assist each other as team members 3. Nurse Manager is responsible for monitoring staff sign off 4. Monitoring will take place daily on each shift, designated staff on 11-7 check all MARs nightly 	7/19/18

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V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(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.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(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:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and (E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</p>	V 118		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM 6899 KR1K11 If continuation sheet 1 of 5

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<p>V 118</p>	<p>Continued From page 1 with a physician.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure A Medication Administration Record (MAR) of all drugs administered to each client was kept current with medications administered were recorded immediately after administration affecting 3 of 3 clients (#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 6/28/18 of client #1's record revealed: -admission date of 5/23/18 with diagnosis of Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder and Post Traumatic Stress Disorder (PTSD); -physicians' orders dated 5/23/18 for the following medications: Amantadine 100mg one tablets twice daily, Oxcarbazepine 600mg one tablet twice daily; -physician's order dated 6/4/18 for Aripiprazole 10mg one tablet twice daily; -physician's order dated 6/20/18 for Levothyroxine 125mg one tablet in the am; -physician's order dated 6/27/18 for Fluoxetine 20mg one tablet in the am.</p> <p>Observations on 6/28/18 at approximately 1:45pm of client #1's medications on site revealed: -Amantadine 100mg one tablets twice daily dispensed 6/1/18, -Oxcarbazepine 600mg one tablet twice daily dispensed 6/1/18;</p>	<p>V 118</p>		
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V 118	<p>Continued From page 2</p> <p>-Aripiprazole 10mg one tablet twice daily dispensed 6/2/18; -Levothyroxine 125mg one tablet in the am dispensed 6/20/18; -Fluoxetine 20mg one tablet in the am dispensed 6/27/18.</p> <p>Review on 6/28/18 of client #1's MARs from 5/23/18-6/28/18 revealed the following dosing dates left blank with no explanation on the forms: 6/28 am dose for Amantadine 100mg one tablets twice daily, Oxcarbazepine 600mg one tablet twice daily, Aripiprazole 10mg one tablet twice daily, Levothyroxine 125mg one tablet in the am, Fluoxetine 20mg one tablet in the am.</p> <p>Interview on 6/28/18 with client #1 revealed she received her medications daily from the nurses.</p> <p>Finding #2: Review on 6/28/18 of client #2's record revealed: -admission date of 10/17/17 with diagnoses of PTSD; -physician's order dated 5/6/18 for Amantadine 100mg one tablets twice daily; -physician's order dated 10/17/17 for Sertraline HCL 100mg one tablet in the am; -physician's order dated 6/20/18 for Aripiprazole 5mg two tablet twice daily.</p> <p>Observations on 6/28/18 at approximately 1:55pm of client #2's medications on site revealed: -Amantadine 100mg one tablets twice daily dispensed 6/1/18; -Sertraline HCL 100mg one tablet in the am dispensed 6/1/18; -Aripiprazole 5mg two tablet twice daily dispensed 6/20/18.</p>	V 118		
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V 118	<p>Continued From page 3</p> <p>Review on 6/28/18 of client #2's MARs from 4/1/18-6/28/18 revealed the following dosing dates left blank with no explanation on the forms: 6/28 am dose for Amantadine 100mg one tablets twice daily, Sertraline HCL 100mg one tablet in the am and Aripiprazole 5mg two tablet twice daily.</p> <p>Interview on 6/28/18 with client #2 revealed she took her medications daily.</p> <p>Finding #3: Review on 6/28/18 of client #3's record revealed: -admission date of 4/5/18 with diagnosis of PTSD, Enuresis and Myasthenia Gravis; -physician's order dated 6/20/18 for Saphris 5mg one tablet twice daily; -physician's order dated 5/9/18 for Guanfacine 1mg one tablet twice daily; -physician's order dated 4/7/18 for Sertraline 50mg one tablet in the am; -physician's order dated 4/23/18 for Mycophenolate 200mg 1.5 tablets twice daily.</p> <p>Observations on 6/28/18 at approximately 2:05pm of client #3's medications on site revealed: -Saphris 5mg one tablet twice daily dispensed 6/4/18; -Guanfacine 1mg one tablet twice daily dispensed 6/1/18; -Sertraline 50mg one tablet in the am dispensed 6/1/18; -Mycophenolate 200mg 1.5 tablets twice daily dispensed 5/8/18.</p> <p>Review on 6/28/18 of client #3's MARs from 4/5/18-6/28/18 revealed the following dosing dates left blank with no explanation on the forms:</p>	V 118		
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<p>V 118</p>	<p>Continued From page 4</p> <p>6/28 am dose for Saphris 5mg one tablet twice daily, Guanfacine 1mg one tablet twice daily, Sertraline 50mg one tablet in the am and Mycophenolate 200mg 1.5 tablets twice daily.</p> <p>Interview on 6/28/18 with the Nurse revealed: -"I know we are supposed to sign when we give it but we got busy;" -"We are still right here;" -"It will be signed before we leave, you can be sure of that."</p> <p>Interview on 6/28/18 with Administrative Staff revealed: -was not aware of blank dosing dates on MARs; -issue will be addressed with the Nursing staff.</p>	<p>V 118</p>	<p>Leonard Shinhoster Executive Director</p>  <p>RECEIVED JUL 11 2018 DHSR-MH Licensure Sect</p>	
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

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DHSR-MH Licensure Sec

July 2, 2018

Buddy Plummer
Alexander Youth Network
6220 Thermal Road
Charlotte, NC 28211

Re: Annual Survey completed June 28, 2018
Alexander Youth Network-Elm Unit, 6220-D Thermal Road, Charlotte, NC 28211
MHL # 060-1117
Email Address: bplummer@alexanderyouthnetwork.org

Dear Mr. Plummer:

Thank you for the cooperation and courtesy extended during the Annual survey completed June 28, 2018. A deficiency was cited.

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

- A standard level deficiency was cited.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is August 27, 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

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

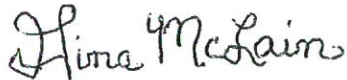
July 2, 2018
Buddy Plummer
Alexander Youth Network

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 at 704-596-4072

Sincerely,



Gina McLain
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, Director, Cardinal Innovations LME/MCO
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO
Victoria Whitt, Director, Sandhills Center LME/MCO
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO