

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-059</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/31/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220 THERMAL ROAD CHARLOTTE, NC 28211</b>
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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 and complaint survey was completed on December 31, 2018. The complaint was unsubstantiated (Intake #NC00146225). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that fire and disaster drills were held at least quarterly and repeated for each shift. The findings are:</p> <p>Review on 12/20/18 and 12/31/18 of the facility's Fire and Disaster Drills revealed:</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <ul style="list-style-type: none"> <li>-No third shift fire drill during first quarter (January - March), 2018;</li> <li>-No first and third shift fire drills during third quarter (July - September), 2018.</li> </ul> <p>Interview on 12/20/18 with the Facilities Manager revealed:</p> <ul style="list-style-type: none"> <li>-It is the responsibility of the Facility Maintenance Department to complete all first shift drills. The supervisors complete the second and third shift drills.</li> <li>-Has provided all drills for review;</li> <li>-Has checked the supervisors' office to ensure no other drill documentation was available;</li> <li>-Will need to revise who is responsible for drills moving forward to ensure that all drills are completed.</li> </ul> <p>Interview on 12/31/18 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-Will re-assign who is responsible for completing emergency drills and oversee that they are handled correctly in the future.</li> </ul>	V 114		