

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>	
NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220 THERMAL ROAD 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	INITIAL COMMENTS  An annual and complaint survey was completed on December 31, 2018. The complaint was unsubstantiated (Intake #NC00146225). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supplies  10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use.  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:  Review on 12/20/18 and 12/31/18 of the facility's Fire and Disaster Drills revealed:	V 114	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>JAN 17 2019</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p> <p>Provider has created a fire drill schedule to specify which staff member will be responsible for conducting fire drills on a monthly basis. Performance Improvement has created a file to for drills to be uploaded to monthly after the drills as completed and a copy is also to be sent to Executive Director. All persons responsible for conducting drills will receive a copy of the schedule as well as the schedule being uploaded to the drill file.</p>	1/16/2019

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V 114 Continued From page 1

-No third shift fire drill during first quarter (January - March), 2018;  
-No first and third shift fire drills during third quarter (July - September), 2018.

Interview on 12/20/18 with the Facilities Manager revealed:

-It is the responsibility of the Facility Maintenance Department to complete all first shift drills. The supervisors complete the second and third shift drills.  
-Has provided all drills for review;  
-Has checked the supervisors' office to ensure no other drill documentation was available;  
-Will need to revise who is responsible for drills moving forward to ensure that all drills are completed.

Interview on 12/31/18 with the Executive Director revealed:

-Will re-assign who is responsible for completing emergency drills and oversee that they are handled correctly in the future.

V 114

Executive Director 



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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

**DHSR - Mental Health**

**JAN 17 2019**

**Lic. & Cert. Section**

January 7, 2019

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

Re: Annual and Complaint Survey completed December 31, 2018  
Alexander Youth Network – PRTF, 6220 Thermal Road, Charlotte, NC 28211  
MHL # 060-059  
E-mail Address: [lshinhoster@alexanderyouthnetwork.org](mailto:lshinhoster@alexanderyouthnetwork.org)  
Intake #NC00146225

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the annual and complaint survey completed December 31, 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**

- The tag cited is a standard level deficiency.

**Time Frames for Compliance**

- The standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is March 1, 2019.

**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

January 7, 2018  
Mr. Leonard Shinhoster  
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, 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, Director, Cardinal Innovations LME/MCO  
Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO  
Leza Wainwright, Director, Trillium Health Resources LME/MCO  
Fonda Gonzales, Interim 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  
Mary Kidd, Quality Management Director, Sandhills Center LME/MCO  
Brian Ingraham, Director, Vaya Health LME/MCO  
Patty Wilson, Quality Management Director, Vaya Health LME/MCO  
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