

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK-PORTER RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2843 RIDGE RD, CLASSROOMS E-102 &amp; E-104 INDIAN TRAIL, NC 28079</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><b>INITIAL COMMENTS</b></p> <p>An annual and complaint survey was completed 2-5-19. The complaint was substantiated (#NC 00147814). Deficiencies were 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		
V 367	<p><b>27G .0604 Incident Reporting Requirements</b></p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <ol style="list-style-type: none"> <li>(1) reporting provider contact and identification information;</li> <li>(2) client identification information;</li> <li>(3) type of incident;</li> <li>(4) description of incident;</li> <li>(5) status of the effort to determine the cause of the incident; and</li> <li>(6) other individuals or authorities notified or responding.</li> </ol> <p>(b) Category A and B providers shall explain any</p>	V 367		

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>MHL090-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK-PORTER RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2843 RIDGE RD, CLASSROOMS E-102 &amp; E-104 INDIAN TRAIL, NC 28079</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 367	<p>Continued From page 1</p> <p>missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2019</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK-PORTER RIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2843 RIDGE RD, CLASSROOMS E-102 &amp; E-104 INDIAN TRAIL, NC 28079</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 367	<p>Continued From page 2</p> <p>the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that all critical incidents were reported to the Local Management Entity (LME) within 72 hours. The findings are:</p> <p>Review on 1-30-19 of facility incidents reports revealed: -1-16-19 client #1 punched a staff and staff #1 used TCI (Therapeutic Crisis Intervention) to remove him from the room.</p> <p>Review on 1-30-19 of the IRIS (Incident Response Improvement System) revealed: -No report filed for using a therapeutic hold</p> <p>Interview on 2-4-19 with staff #1 revealed: -He used a moving hold on client #1 to remove him from the classroom.</p> <p>Interview on 1-31-19 with client #1's mother revealed: -On 1-16-19 staff #1 texted her and told her that her son had punched him and that staff #1</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL090-177</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK-PORTER RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2843 RIDGE RD, CLASSROOMS E-102 &amp; E-104 INDIAN TRAIL, NC 28079</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 367	<p>Continued From page 3</p> <p>did restrain him. -Staff #1 restrained him to take him out of the room.</p> <p>Interview on 1-30-19 with administrator revealed: -Client #1 was not funded by an LME so the facility was uncertain if the report had to go into IRIS. -They had a separate person whose job it was to submit everything that was needed into IRIS. -They would make sure that all necessary reports were entered in a timely manner.</p>	V 367	<p>Program manager will be receive a refresher training on February 25, 2019 with a certified TCI trainer in what constitutes a restrictive intervention as it relates to the threat of immediate danger.</p> <p>Program manager was coached on the procedure for documentation on January 22, 2019. RI reports must be entered into the electronic health record by the end of the same day of the restrictive intervention. Staff will notify a member of management that a restrictive intervention occurred immediately following. Staff will also be retrained and reminder</p> <p>On February 8, 2019, program manager was coached on when an entry into IRIS is required. The program supervisor contacts the Performance Improvement Department for completion and entry within 72 hours by administrative staff. IRIS reports will be completed for all clients regardless of whether they are assigned to an MCO.</p>	



# ALEXANDER YOUTH NETWORK

North Carolina's Leader in Children's Behavioral Healthcare

February 25, 2019

Jonathan Hardin  
6220 Thermal Road  
Charlotte, NC. 28211

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

Dear Sir or Madame

Please accept the enclosed plan of correction from Alexander Youth Network. This was originally emailed on February 20, 2019 in error rather than sending via the postal services. My apologies for the oversight.

Jonathan Hardin

Vice President & Chief Operating Officer  
Alexander Youth Network  
704.502.7896  
Enclosure

DHSR - Mental Health

MAR 05 2019

Lic. & Cert. Section

