	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED 03/27/2019	
		MHL090-177	B. WING			
IAME OF PF	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE	. ZIP CODE		
		2843 RII		OMS E-102 & E-104		
LEXAND	ER YOUTH NETWOR	K-PORTER RIDGE INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	The complaints we	IC00149737, #NC00149557).				
	category: 10A NCA	sed for the following service C 27G 1400 Day Treatment lolescents with Emotional or ances.				
	sister facility will be	entified in this report. The identified as sister facility A. ed using the letter of the rical identifier.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF	204 COMPETENCIES AND PARAPROFESSIONALS				
	for paraprofessiona	no privileging requirements als. als shall be supervised by an				
	associate profession professional as spe Subchapter.	onal or by a qualified ccified in Rule .0104 of this				
	knowledge, skills a population served.	als shall demonstrate nd abilities required by the				
	employment system rulemaking, then qu	ualified professionals and				
	competence. (e) Competence sł	nals shall demonstrate				
	exhibiting core skill(1) technical know(2) cultural awaren	/ledge;				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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		2843 RI	ADDRESS, CITY, STATE, DGE RD, CLASSRO			
ALEXAND	ER YOUTH NETWORK-	PORTER RIDGE INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 1	V 110			
	develop and impleme	ills; skills; and ody for each facility shall ent policies and procedures e individualized supervision				
	of three staff (staff A competency, effectin	and record reviews one out				
	Review on 3-21-19 of -Admitted 3-6-19 -6 years old. -Diagnoses of: D Dysregulation Disorce Deficit/Hyperactivity Combined Presentate intermittent explosive	Disruptive Mood ler, Attention Disorder (AD/HD), ion, severe, rule out				
	-Admitted 7-16- -7 years old.	AD/HD, Oppositional				
		of incident report dated ly signed on 3-16-19 by				

Division of Health Service Regul STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		NUL 000 477	B. WING			
	ROVIDER OR SUPPLIER	MHL090-177	ADDRESS, CITY, STATE,		03	/27/2019
		2843 RII		OMS E-102 & E-104		
ALEXAND	ER YOUTH NETWORK-	PORTER RIDGE INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 2	V 110			
	sitting in the cubbies (Staff A1) directed cli inside the high cubbi client did with assista holding on the the cli down. Once down the table and refused to the calming tent as a by staff (holding to lo table. Staff then direct room (under his own calming tent." Review on 3-18-19 of completed by the assist neighboring school re-"The morning notes of my student fell backward (in from looked,[Staff A1] had the sweater and wass Professional (QP)] w and when she came asked, what's going of replied-He's calling m [Staff A1] said- yeah, then verbally redirect desk." -"There was a year freckles who did not sitting under the table choices and tried to of student did not respon called [client #1]. He then came to me and	1) was being unsafe by and jumping down. Staff ent to refrain from crawling e space and jumping down. ant with staff (staff was ents arm) the client jumped e client went under a near by come out. Client was offered better option and assisted wer arm) from under the cted to walk into the other power) and sit inside the f a written statement sistant principal from a evealed: went on, and as I was taking behavior, an older student t of the classroom). When I him grabbed by the back of pulling him. [Qualified as in the room next door back into the classroom, she				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
		MHL090-177	B. WING		03	/27/2019
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,			
	ER YOUTH NETWORK-	PORTER RIDGE	DGE RD, CLASSROO TRAIL, NC 28079	DMS E-102 & E-104		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET
V 110	Continued From pag	e 3	V 110			
	his desk and eat. He under the kidney tab came over, reached the student's foot. He from under that table the upper left arm., p floor and sat the stud While all this was ha screaming, my arm, student got back up a him again by the san student to the classro back doors). The stud crying for a few more student and [Staff A1 classroom, the stude asked if he could go - Client in this ne misidentified as clien who reported the isso #2. - "There was a younger student who His name was [client back of the room, clo was not sitting right, bottomstill on the co off his seat and [client forearm under the sto off the floor. [Staff A1 desk, still holding [cli hold) and leaned aga separate classroom o [Staff A1] then let go	ent approached me and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL090-177	B. WING		03/27/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
LEXAND	ER YOUTH NETWORK	PORTER RIDGE	DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO ¹ DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 4	V 110			
	dated 3-13-19 and c Director revealed: -Consumer inter "Question: did you h during school? Answ happened? Answer: and some man in bro Question: how did he grabbed my arm rea seat." -"bruises were in bruises everywhere? always falls off his bi -Consumer inter Question: did you ha during school? Answ got mad at me becau my seat. Question: V grabbed my shirt and my neck, it hurt a littl -Staff interview prompts and redirect toys and rejoin the g client began to have under the tale. As stat table to continue to r the group. The client throw a toy near staf	of Internal investigation ompleted by the Executive rview with client #1 revealed: ave a hard time yesterday ver: yes. Question: What I didn't want to go to lunch own shoes grabbed me. e grab you? Answer: he Ily hard and put me in my dentified, but consumer had ? Mother stated consumer ke causing bruises." rview with client #2: twe a hard time yesterday ver: No, not really, but staff use I was playing around in What happened? Answer: He d wrapped his arm around le, but I could breathe." with Staff A1: "After several tion for client to put away the roup for the day activity, the tantrum and went to hide aff (I) was going under the edirect the client to rejoin t kicked staff in the face and f head. Client crawled from r with staff holding his hand.				
	At this point staff felt restrictive intervention aggressive behavior insight those around classroom."	sk and knocking items over. it was necessary for on (small child hold), as s display were being to other students in the with the QP:" staff stated she				
		for the alleged incident with				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL090-177	B. WING		03	8/27/2019
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
LEXAND	ER YOUTH NETWORK-	PORTER RIDGE	DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 5	V 110			
	that happened with [c [client #1] refused to putting together a pur- prompts to go to lunce consumer by grabbin the floor and putting b that consumer was u bruise on his left arm that looked old." Results of Invest Executive Director co Services (CPS) and s of Social Services), [s incident. DSS emaile Director on 3-14-19, s investigate alleged at information to the NC Department of Social allegations are consist [School Resource Of at [facility elementary investigation allegation complete internal inc IRIS (Incident Respon- report from allegation Personnel Registry) of Staff will be suspend with consumer until e completed."	stating that they would not llegation, and would forward C (North Carolina) I Services, because the dered licensing issues ficer] is the assigned officer v school] will be also onsExecutive Director will ident documentation and nse Improvement System) n. HCPR (Health Care report was also completed. ed and will have no contact external investigation is with client #1 revealed: member the incident. me, e away, I was crying. ne like a hamburger."				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		NUL 000 477	B. WING			
	ROVIDER OR SUPPLIER	MHL090-177	ADDRESS, CITY, STATE		03	6/27/2019
		2843 RI		OMS E-102 & E-104		
ALEXAND	ER YOUTH NETWORK-	PORTER RIDGE	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 6	V 110			
	-Client #1 remer by the substitute tead	nbers being put in his seat cher.				
	Observation on 3-15- revealed: -Several bruises others.	-19 of client #1's arm				
	-"I asked to shar me from the desk an -"He pulled me to -"He was behind my shirt." -"He pulled me f demonstrated his arr area.) -"I tried to get hin -This happened -Client #2 stated could breathe.	I the desk and pulled me by from the floor." (client #2 n wrapped around his neck m off me."				
	-He remembered teacher. -"I was good tha didn't see anyone ge	if anyone was pulled from				
	-"All I know is he anyone."	with client #4 revealed: e (Staff A1) didn't restrain nyone get pulled off the floor on by their shirt.				
	Interview on 3-15-19	with client #5 revealed				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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		MHL090-177	B. WING		03	/27/2019
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
LEXAND			DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE
V 110	Continued From pag	je 7	V 110			
	-He had gotten restrained by the QP that					
	day.					
	-He did see Sta	ff A1 "pull on [client #6]"				
	-He didn't see c	lient #1 get restrained or get				
	pulled on by staff A1					
	Interview on 3-15-19	with the QP revealed:				
	-Client #1 was h	naving trouble transitioning to				
	go outside.					
		n, he sat under the desk,				
	balled up, so people					
		explained to [Staff A1] that I				
	might need some as					
		as still there at this time, so				
		he adjoining room for some				
	1:1 time.	verting then				
	-Client #1 was o	ed transitioning for lunch."				
		k to the lunch room and bring				
	their trays back with	0				
	classroom.	them and eat in the				
		ed up, [client #1] was still in				
	the room. I was tying					
		lking, [staff A1] came back				
		use they were not ready to				
	transition."					
	-The students h	ad barely gotten out the door				
	when they had to co	me back.				
		utube, [client #1] was still				
		ew the trash can, kicked the				
		under [teacher]'s desk,				
	throwing things."					
		o the lunch room to get the				
	•	back, the QP went to get				
		at staff A1 had not gotten).				
		ack, [client #1] was doing a				
	-	stant principal (from another				
	school)."	ned the puzzle, he went to				
	- when he ims	ieu ilie puzzie, lie wellt to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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iame of PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
LEXAND	ER YOUTH NETWORK	-PORTER RIDGE	TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 110	Continued From pag	je 8	V 110			
	the the tablehe said his stomach hurt." -"He asked the assistant principal for another					
	game and she said r	no. He went under the table,				
	kicking, throwing stu	iff."				
		ome out from under the table.				
		sitting at the desk, I was				
		to put away things."				
		to get the toys from him				
	(client #1)."	at book under the table "				
		ent back under the table."				
		staff A1] pulled him from is foot, he told [client #1] to				
	get to his seat, but [
		ed him up and put him in his				
		up by his body (mimed				
	wrapping arms arou					
		up and did something, I think				
		the corner of the desk.				
		creaming and crying his back				
	-	#1] if he wanted to take				
	some time to himsel					
	-Client #1 then					
		e staff A1 inappropriately				
		she was dealing with another				
	child at the time.					
		with the assistant principal				
	from local school.					
		classroom for about 2 hours,				
	observing a student					
	transitioning back to					
		under the horseshoe shaped				
		ted and pushing the table up				
		P was trying to direct him that				
	it was time for lunch					
		o get the lunch trays. back with most of the trays.				
		DOUR WILLI HUSE UF LIE LIAYS.				1

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL090-177	B. WING		03	8/27/2019
IAME OF PR	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
	ER YOUTH NETWORK-	PORTER RIDGE	DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 110	Continued From pag	e 9	V 110			
	started doing a puzzl	le, he wanted to do more but				
	was told no.					
	-Client #1 went I	back under the table.				
	-"[Staff A1] reacl	hed under the table and				
	pulled him out by his	foot, he pulled him up by				
		s feet were off the ground."				
		I the client to his seat, the				
	client sat down.					
		s screaming, 'my arm, my				
	arm, don't hurt me'."					
		bed him again and pulled				
		om, I could hear the student				
	crying."					
		back in the room and				
	calmed down.					
		saw staff A1 pull an				
	unknown client by his					
		the staff A1 had called his				
		A1 was very dismissive of				
	the child.					
		itting on his feet at his desk.				
		n to sit correctly.				
		pull him by his shirt onto the				
	ground." -"[Staff A1] wran	ped his arm around his				
		ist his neck and picked him				
	up like that."	ist no neok and picked him				
	•	in the room at the time and				
		ack in, staff A1 relaxed his				
		he had his arm around him.				
		hat happened after that.				
		ie incident to her principal				
	and it went up the ch	· · ·				
	-	rom the assistant supervisor				
	-	ho told her that he had				
	notified the police an					
	-	rom the chief operating				
	officer of the program					
	acceptable behavior					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL090-177	B. WING		03/27/2019	
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	03	0/2//2019
	ER YOUTH NETWORK-	2843 RI		OMS E-102 & E-104		
		INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From pag	e 10	V 110			
	looking into the situa	tion.				
	revealed: -He was only at am that day. -"That day [clien kinda hung with him. -"He was crying saying he wanted to -He did not see their hands on the cli -He did see som when he observed th afternoon he stated t bruises that he had t incident. Interview on 3-20-19 officer revealed: -She got called i to do a report. -An assistant pri was in the room obse	a lot that day, he was just go home." any restraints or any staff put ients while he was there. he bruises on client #1 and he pictures taken that they looked like the same hat morning before the with the school resource into the incident on 3-14-19 ncipal from another school				
	-The staff said h only after the reports -Staff A1 said th but no one else confi	at he did a small child hold,				
	arm. -The assistant p reported it to her sup quickly went up the c school was notified.	rincipal from the other school ervisor immediately and it chain of command and their nt #1's mother called and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY PLETED
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		MHL090-177			03	/27/2019
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE OMS E-102 & E-104		
ALEXAND	ER YOUTH NETWORK-	PORTER RIDGE	TRAIL, NC 28079	OM3 E-102 & E-104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From page	e 11	V 110			
		ing her investigation. I already called CPS and				
	Interview on 3-20-19 with the school principal revealed: -Client #1 was asleep when she went back to check on him. -Client #1 did have a mark on his arm, but it was hard to tell if it was a bruise, he was so fair skinned and had been laying on his arm while he slept.					
	arm too tight." -He said his arm					
	revealed: -She had taken a been in the classroor -"All I know is wh Director] said that the was aggressive with -"He did mentior get back here (progra -"An assistant pr school, specifically [e for about 2 hours. Sh and reported it." -"I heard, I don't	n [QP] called him and said to am)." incipal from [county] public elementary school] was here we went back to her school know the whole thing, I				
	took pictures and it w Interview on 3-15-19 revealed: -He had been at campus when he got	ource officer showed up and vas a very large red area. with the Program Director a training at the main				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	ER YOUTH NETWORK-	PORTER RIDGE	DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 12	V 110			
	A1 had grabbed him down, but didn't men chest/neck.	client #2 who said that staff by the hood and pulled him tion being pulled up by his speak with client #1 that				
	revealed:	with substitute teacher g that day for the regular				
	teacher. -He didn't remember seeing a child being pulled from under a desk.					
	but he didn't know th -"He bent down, waist and lifted him u	put one arm around his p."				
		staff A1) did,that kid ting up and needed to be				
	Client #6 refused to t	alk to surveyor				
	Attempts on 3-15-18 contact Staff A1 were	e, 3-18-18 and 3-19-18 to e unsuccessful				
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112			
	10A NCAC 27G .020 TREATMENT/HABIL PLAN	5 ASSESSMENT AND ITATION OR SERVICE				

· · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 13	V 112			
	assessment, and in p legally responsible p of admission for clier receive services bey (d) The plan shall in (1) client outcome(s achieved by provisio projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultat responsible person c (5) basis for evalua outcome achievement (6) written consent	clude: a) that are anticipated to be n of the service and a nievement; e; eview of the plan at least ion with the client or legally or both; tion or assessment of				
	facility failed to imple reduce behaviors, ef (clients #1 and #2). T Cross referenced: 10	iews and interviews the ment strategies designed to fecting 2 of 3 audited clients The findings are:				
	Review on 3-21-19 c -Admitted 3-6-19 -6 years old.	f client #1's record revealed: 9.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 14	V 112			
	-Diagnoses of: D Dysregulation Disord Deficit/Hyperactivity I Combined Presentati intermittent explosive -Review on 3-21 Clinical Assessment "has been kicked out due to displaying phy running away from da that every morning fr seeing behaviors'm 4:00 pm after school parties report that try applying pressure su helpsall parties rep an explosive rage an attention and sometin control." -Review on 3-21 dated 12-12-18 and u "Likes individual atter [provider] day treatm having extreme diffic settingbehaviors in may lead to unconfor aggression(yelling, sy spitting, throwing obj eloping from classroo walls)currently on F throwing his morning include; increase self by utilizing coping sk positive peer interact -Crisis plan date will refuse to transitio hiding under his desi	Disruptive Mood ler, Attention Disorder (AD/HD), ion, severe, and rule out e disorder. -19 of Comprehensive dated 12-12-18 revealed; c of every daycare (5 total) vsical aggression and aycareteacher reported om 10:30-11:00 they 'start nom reports that from 3:00- 'all h*** breaks loose'all ing to calm him down by ch as a 'hug' sometimes ort that [client #1] goes into d sometimes it might be for mes he seems to have lost -19 of Person Centered Plan updated 2-26-19 revealed: ntionrecommended for ent programcurrently ulty in the school clude temper tantrums that mable physical wearing, biting, kicking, ects, climbing furniture, om and punching half day but he is still tantrum dailygoals f-management of impulsivity ills, and will increase ion." d 2-26-19 revealed: "client on or follow directions by x. Client will begin to turn red he does not do well when				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED
	MHL090-177		B. WING		03/27/2019
	IDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE	03/27/2019
		2843 RI		OMS E-102 & E-104	
LEXANDER	YOUTH NETWORK-	PORTER RIDGE	TRAIL, NC 28079		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
V 112 Co	ontinued From pag	e 15	V 112		
hir ter let	mallows client to nt or separate him	ve can see himhugging isolate himself in a calming from group and allow him to frustration away from			
De Di Di 6- sti dis co hin bo tre 26 do dis pe co fee ag uti ino frie otl	-Admitted 7-16-1 -7 years old. -Diagnoses of: A efiance Disorder, a sorder -Comprehensive 15-18 revealed: "of II, has trouble with stracted, is irritable oncentratingtransi mhe bottles up hi ombrecommende eatment program." -Person Centere vealed: "fidgety, ea 5-19showing prog ownimproved com splayed any aggres eersgoals include ommunication, will i edback from peers ggressive behaviors ilizing coping strate clude; being around ends", being antag hers, being asked to	AD/HD, Oppositional nd Intermittent Explosive e Clinical Assessment dated ften fidgety and unable to sit teachersis easily and angry, has trouble itions are a big trigger for is anger and is a ticking time d that he attends day ed Plan dated 6-8-18 asily distracted update on 2- gress refraining from shutting municationhas not asion to adults or ; increase positive mprove ability to accept and adults, will decrease is and angry outbursts by egies." ed 6-8-18 revealed: "triggers d my friends "I hate my onized and made fun of my to complete assignments of g told 'no', not getting his			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL090-177	B. WING		03	/27/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
LEXAND	ER YOUTH NETWORK-	PORTER RIDGE	DGE RD, CLASSRO TRAIL, NC 28079	OMS E-102 & E-104		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 16	V 112			
		th one person, that person				
	should not be the on					
		ent space in room removed				
		environment, help client				
	•	ent take deep breathes, let				
	· · · ·	al support over the phone,				
	talk with client about triggers."					
	Review on 3-20-19 of staff A1's personnel record					
	revealed:					
	-Hire date of 1-9-17.					
	-Trainings include: TCI (Therapeutic Crisis					
	Intervention) physical and written refresher 1-28-					
	19, Person Centered Plan training 1-13-17, Person centered Thinking 3-1-18, client rights 1-					
	10-17, clinical interventions 1-18-17, crisis					
	response training 3-8					
		with staff A2 revealed:				
	-He works as needed for the provider.					
		that facility 2 times a week. s to that facility he is trained				
		nts, including their treatment				
		ventions either by the				
	-	the Qualified Professional				
	(QP.					
	-"At the end of t	he day, we do a debriefing."				
	Talking about how th	e day went with the clients.				
	Interview on 3-20-19 with the QP revealed:					
		e is a substitute they go over				
	all the clients plans and interventions before they					
	work with the clients.					
	-Client #1 was new, so they had less information on him than some of the others.					
		ian some of the others.				
	Interview on 3-22-19 revealed:	with the program Director				
		a substitute, they sit down				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL090-177	B. WING		00/07/00/0	
NAME OF PI	ROVIDER OR SUPPLIER	ł	ADDRESS, CITY, STATE	ZIP CODE	03	/27/2019
	ER YOUTH NETWORK-	2843 RII		OMS E-102 & E-104		
		INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pag	e 17	V 112			
	plans and intervention	nts, including their treatment ons. ument this, but may in the				
	Attempts on 3-15-18, 3-18-18 and 3-19-18 to contact Staff A1 were unsuccessful					
		9 of the Plan of Protection igned by the Executive				
		liately do to correct the rder to protect the clients dditional harm?				
	of external investigat no contact with child	der Youth network oyee pending the outcomes ions and will ensure he has ren. The incident occurred anger was away from the				
	management to sche	perating officer has informed edule meeting after Day ninimize opportunities where aren't present in their				
	programs when serv -On 3-21-19, the Chi instructed the Day Tr	ices are being provided. ef Operating officer				
	of the program by ha program hours, lettin children to school, et	iving required meetings after ig other staff transition ic. During an extended pervisor will be on-site				
	periodically to ensure	e staff are meeting the icated in their treatment				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED
		MHL090-177	B. WING		03/27/2019	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,		03	0/21/2019
		2843 RII	DGE RD, CLASSRO			
ALEXAND	ER YOUTH NETWORK-	PORTER RIDGE INDIAN	TRAIL, NC 28079			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 112	Continued From pag	e 18	V 112			
	protocol to ensure PI staff who are familiar day Treatment clients Human resources wi staff have a chance to with the treatment pla work directly with the Describe your plans happens. "Director of Human O selection on-going. F there is an updated r PRN's to review in or working in the progra Program manager wi review of plans each program. Program Ma Resources) will moni- following protocol. Pe	exander has implemented a RN coverage is covered by with meeting the needs of s. Program Manager and II ensure the PRN coverage to familiarize themselves ans of children before they em." to make sure the above Capital will monitor PRN Program Manager will ensure notebook of client's plans for ne centralized place prior to am no later than 3-29-19. ill have PRNs sign off on time they work in the lanager will update as anager and HR (Human itor to ensure PRN staff are erformance Improvement ess during routine program				
	Staff A1 inappropriate Client #1 was in crisi calm client #1 by app allow him to isolate h plans. Instead, he gr by his foot and then h apparently not in crisi told to sit correctly. S interventions listed in as reminding him of h	n client #2's crisis plan such his coping skills, but instead, und and then lifted him up				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		3) DATE SURVEY COMPLETED
		MHL090-177	B. WING		03/27/2019
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	03/21/2013
		2843 RI		OMS E-102 & E-104	
		INDIAN	TRAIL, NC 28079		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET E DATE
V 112	Continued From page	ge 19	V 112		
	advised of client tre interventions. Staff crisis plans to try to behaviors when wo detrimental to the h the clients and cons violation. If the viola 45 days, an adminis day will be imposed	FCI techniques and had been atment plans and A1 did not follow the clients de-escalate the clients rking with the them, this we ealth, safety and well being of stitutes a Type B rule ation is not corrected within strative penalty of 500.00 per I for each day the facility is reyond the 45th day.			