

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - ELM STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D 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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on October 2, 2019. The complaint was substantiated (Intake #NC00155357). 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 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p>	V 105		

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>MHL0601117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - ELM STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D 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 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:                      (A) composition and activities of a quality assurance and quality improvement committee;                      (B) written quality assurance and quality improvement plan;                      (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;                      (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;                      (E) strategies for improving client care;                      (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;                      (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;                      (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - ELM STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D 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 105	<p>Continued From page 2</p> <p>failed to implement policies that assure operational and programmatic performance meeting applicable standards of practice. The findings are:</p> <p>Review on 10/2/19 of Former Client #1's record revealed:                      -Admission date of 2/15/19;                      -Discharge date of 8/19;                      -Diagnoses of Post Traumatic Stress Disorder, Major Depressive Disorder;                      -Legal/Emergency Information sheet dated 2/15/19 revealed only his adoptive parents and adoptive grandparents were authorized contacts for phone calls and visits;                      -11 years old.</p> <p>Interview on 10/2/19 with Former Client #3's Adoptive Mother/Legal Guardian revealed:                      -Former Client #3 was able to make a phone call to his former foster mother while staff were unaware of the call.</p> <p>Interview on 10/2/19 with the Supervisor revealed:                      -Former Client #3 was on a call to his adoptive parents when the staff member stepped away to assist another client. Former Client #3 terminated the call with his adoptive parents and independently dialed the phone number to his former foster parent without knowledge of the staff;                      -The policy dictates staff must dial all phone numbers for clients after checking the client's record to ensure the individual is still current on the call list.</p> <p>Interview on 10/2/19 with the Case Manager/Social Worker revealed:                      -Former Client #3 was able to access a telephone</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601117</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2019</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - ELM STREET</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D 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 105	<p>Continued From page 3</p> <p>call to his former foster mother who was not on the approved call list completed by his adoptive parents/legal guardian; -Phone calls are now made in an office setting with the staff member and client to limit distraction of the staff member.</p> <p>Interview on 10/2/19 with the Director revealed: -Former Client #3 was able to independently call his former foster parent while staff were assisting another client. Former Client #3 had been on a call with his adoptive parents/legal guardians but terminated that call quickly and dialed the number to his former foster parent before staff were aware of the situation; -Phone calls are monitored more closely at this time.</p>	V 105		