STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060968	A. BUILDING: _____ B. WING _____	R 10/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK - CHARLOTTE DAY T	6220-D THERMAL RD CHARLOTTE, NC 28211

(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 A complaint and follow up survey was completed on October 2, 2019. The complaint was unsubstantiated (Intake #NC 00156517). Deficiencies were cited. The facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged	V 132		

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V 132	Continued From page 1 acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to investigate all allegations of abuse and failed to protect clients from harm while the investigation was in progress affecting 2 of 3 audited staff. Review on 10/2/19 of Client #1's record revealed: -Admission date of 3/14/19; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, and Oppositional Defiant Disorder; -11 years old. Review on 10/2/19 of a Level I Incident Report dated 8/1/19 revealed: -Client #1 made an allegation against Staff #5 regarding Staff #5 using a choke hold while on the van. Interview on 10/2/19 with Client #1 revealed: -Was brought into the library by Staff #4 who grabbed his shirt and pushed him against the	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 132	Continued From page 2 wall; -Was put in a choke hold by Staff #5 while on the van ride home; -Dates of the incidents are unknown. Interview on 10/2/19 with the Supervisor revealed: -Had a meeting with Client #1's grandmother at the end of September, 2019 during which the grandmother reported the allegations involving Staff #4 and Staff #5; -Did not complete an internal investigation and did not suspend either staff; -Will ensure to complete an internal investigation on any allegations of abuse in the future. Interview on 10/2/19 with the Executive Director revealed: -Will work closely with the Supervisor and will discuss a possible re-arrangement of supervisory duties to increase the Executive Director's time at the Day Treatment.	V 132		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g).	V 318		

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V 318	Continued From page 3 This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify the Department within 24 hours of becoming aware of an allegation of abuse against staff affecting 2 of 3 audited staff. Review on 10/2/19 of Client #1's record revealed: -Admission date of 3/14/19; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, and Oppositional Defiant Disorder; -11 years old. Review on 10/2/19 of a Level I Incident Report dated 8/1/19 revealed: -Client #1 made an allegation against Staff #5 regarding Staff #5 using a choke hold while on the van. Interview on 10/2/19 with Client #1 revealed: -Was brought into the library by Staff #4 who grabbed his shirt and pushed him against the wall; -Was put in a choke hold by Staff #5 while on the van ride home; -Dates of the incidents are unknown. Interview on 10/2/19 with the Supervisor revealed: -Had a meeting with Client #1's grandmother at the end of September, 2019 during which the grandmother reported the allegations involving Staff #4 and Staff #5; -Did not complete incident reporting or notification of the allegations of abuse; -Will ensure proper notification and documentation in the future.	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 318	Continued From page 4 Interview on 10/2/19 with the Executive Director revealed: -Will work closely with the Supervisor and will discuss a possible re-arrangement of supervisory duties to increase the Executive Director's time at the Day Treatment.	V 318		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in	V 366		

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V 366	Continued From page 5 Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the	V 366		

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V 366	Continued From page 6 LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement their written policy governing their response to incidents Review on 10/2/19 of Client #1's record revealed: -Admission date of 3/14/19; -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation	V 366		

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V 366	Continued From page 7 Disorder, and Oppositional Defiant Disorder; -11 years old. Interview on 10/2/19 with Client #1 revealed: -Was brought into the library by Staff #4 when he attempted to elope and Staff #4 who grabbed his shirt and pushed him against the wall; -Dates of the incident is unknown. Interview on 10/2/19 with the Supervisor revealed: -Completed a disciplinary write-up for Staff #4's failure to complete an incident report when Client #1 attempted to elope and Staff #4 brought Client #1 to the library to calm down. Interview on 10/2/19 with the Executive Director revealed: -Will work closely with the Supervisor and will discuss a possible re-arrangement of supervisory duties to increase the Executive Director's time at the Day Treatment.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (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	V 367		

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V 367	Continued From page 8 Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any 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: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (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	V 367		

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V 367	Continued From page 9	V 367		

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).
(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:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet 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.

This Rule is not met as evidenced by:
Based on interview and record review, the facility failed to report all Level III incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident.

Review on 10/2/19 of Client #1's record revealed:
-Admission date of 3/14/19;
-Diagnoses of Attention Deficit Hyperactivity

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V 367	Continued From page 10 Disorder, Disruptive Mood Dysregulation Disorder, and Oppositional Defiant Disorder; -11 years old. Review on 10/2/19 of a Level I Incident Report dated 8/1/19 revealed: -Client #1 made an allegation against Staff #5 regarding Staff #5 using a choke hold while on the van. Review on 10/2/19 of the North Carolina Incident Response Improvement System revealed: -No Level III incident reports completed on the allegations of abuse made by Client #1. Interview on 10/2/19 with Client #1 revealed: -Was brought into the library by Staff #4 who grabbed his shirt and pushed him against the wall; -Was put in a choke hold by Staff #5 while on the van ride home; -Dates of the incidents are unknown. Interview on 10/2/19 with the Supervisor revealed: -Had a meeting with Client #1's grandmother at the end of September, 2019 during which the grandmother reported the allegations involving Staff #4 and Staff #5; -No Level III incident reports were completed regarding the allegations of abuse. -Will ensure to complete Level III incident reports on all allegations of abuse in the future. Interview on 10/2/19 with the Executive Director revealed: -Will work closely with the Supervisor and will discuss a possible re-arrangement of supervisory duties to increase the Executive Director's time at the Day Treatment.	V 367		

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V 367	Continued From page 11 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 367		