

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>
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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>
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(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
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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> <p><b>DHSR-Mental Health</b></p> <p><b>OCT 17 2019</b></p> <p><b>Lic. &amp; Cert. Section</b></p>	V 000	<p><b>Overview: As part of their client rights, clients are able to communicate to families and others via phone while in PRTF. In order to make sure that clients are calling approved contacts, staff will not allow clients to dial phone numbers and will ensure clients are calling only people on their approved contacts list in Clinician's Desktop (CDT).</b></p> <p>Procedure: Clients Using the Phone</p> <ul style="list-style-type: none"> <li>• Clients are able to call approved contacts during designated cottage call hours each day.</li> <li>• Staff look up clients' approved contacts in the Client Supports section of Clinician's Desktop. Staff will no longer use paper contact lists.</li> <li>• Staff ensure that the contact is approved and for what type of supervision as designated in CDT.</li> <li>• Staff must ensure they are keeping information in CDT confidential and away from clients' view.</li> <li>• Staff MUST dial the number for the client and ensure the approved contact answers the phone.</li> <li>• Once the contact is verified, client may talk with the approved contact for the time allotted by the cottage guidelines or their Child and Family Team.</li> <li>• If a person calls to speak to a client, staff will first verify the contact is an approved contact before letting the child talk on the phone. Staff will ask the caller for the client ID number when needed to verify the caller is an approved caller.</li> <li>• Staff will try to minimize the amount of distractions in the area while the child is on the phone.</li> <li>• If call needs to be supervised, a supervisor or therapist will supervise the phone call either in the cottage or the supervisor's/therapist's office.</li> <li>• Staff will gently remind the client to start ending the phone call 2 minutes prior to the end of the allotted call time.</li> </ul>	Plan mandated on 5/1/19, before DSHR visit. Plan of correction submitted on 10/15/19.
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V 105	<p>Continued From page 1</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(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;</p> <p>(E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(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		

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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		

Executive Director: Leonard Shinhoster







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

OCT 17 2019

Lic. & Cert. Section

October 7, 2019

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

Re: Complaint Survey completed October 2, 2019  
Alexander Youth Network – Elm Unit, 6220-D Thermal Road, Charlotte, NC 28211  
MHL # 060-1117  
E-mail Address: [lshinhoster@alexanderyouthnetwork.org](mailto:lshinhoster@alexanderyouthnetwork.org); [lshinhoster@aynkinds.org](mailto:lshinhoster@aynkinds.org) Intake  
#NC00155357

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the complaint survey completed October 2, 2019. The complaint was substantiated.

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 December 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.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.