



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

FEB 26 2020

Lic. & Cert. Section

February 17, 2020

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

Re: Annual and Follow Up Survey completed February 14, 2020
Alexander Youth Network – Elm Unit, 6220-D Thermal Road, Charlotte, NC 28211
MHL # 060-1117
E-mail Address: lshinhoster@aynkids.org; bplummer@alexanderyouthnetwork.org

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the annual and follow up survey completed February 14, 2020.

As a result of the follow up survey, it was determined that all the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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 April 14, 2020.

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.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr
• TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

February 17, 2020
Mr. Leonard Shinhoster
Alexander Youth Network

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.

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

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call <team leader's name> at <team leader's telephone number>.

Sincerely,



Eileen Sanchez, MA
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: gmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
QM@partnersbhm.org dhhs@vayahealth.com
DHSRreports@eastpointe.net
DHSR_Letters@sandhillscenter.org
Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2020
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - ELM UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-D THERMAL ROAD 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)
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 14, 2020. A deficiency was cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p>	V 000	<p>Agency will continue to follow protocol as it relates to all level 2 and 3 incidents entered into IRIS within 72 hours. Our medical records assistant will continue to enter all reports for our Psychiatric Residential facility. In the case our medical records assistant is out, she will send email and text message to supervisors and Executive Director so Supervisors can enter any reports in her absence. If there is a delay because of technical or computer issues Medical records assistant will immediately contact Executive Director so he can come up with action plan to ensure that reports get entered within the specific time frame.</p>

DHSR-Mental Health

FEB 26 2020

Lic. & Cert. Section

Division of Health Service Regulation

V 367	<p>27G .0604 Incident Reporting Requirements</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"> (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. <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider</p>	V 367		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE

If continuation sheet 1 of 4

STATE FORM

6899

G69311

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			(X5) COMPLETE DATE

Division of Health Service Regulation

V 367	<p>Continued From page 1</p> <p>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). (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 the definition of a level II or level III incident;</p>	V 367		
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Division of Health Service Regulation

V 367	<p>Continued From page 2</p> <p>(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 interview and record review, the facility failed to report all Level II incident reports to the local management entity (LME) responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are:</p> <p>Review on 2/12/2020 of Client #3's record revealed: -Admitted 10/28/2019; -Diagnosed with Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, History of Child Neglect, History of Child Abuse; -7 years old.</p> <p>Review on 2/12/2020 of Client #4's record revealed: -Admitted 10/10/2019; -Diagnosed with Disruptive Mood Dysregulation Disorder; -10 years old.</p>	V 367		
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Division of Health Service Regulation

V 367	Continued From page 3 Review on 2/12/2020 of the facility's Incident Reports revealed: -Level I incident report dated 1/29/2020 involving a physical restraint for Client #3; -Level I incident report dated 12/23/2019 involving a physical restraint for Client #4. Review on 2/12/2020 of the North Carolina Incident Response Improvement System (NC IRIS) revealed: -No Level II incident reports completed on the use of the physical restraints for Client #3 on 1/29/2020 or Client #4 on 12/23/2019. Interview on 2/13/2020 with the Executive Director revealed: -Completion of the Level II incident report through NC IRIS for the use of the physical restraint on Client #3 on 1/29/2020 was an oversight. It occurred when the facility was having technical issues with their computer systems; -The Level II incident report was completed through NC IRIS for the use of the physical restraint on Client #4 on 12/23/2019. He does not understand why this is not visible in NC IRIS; -Will ensure all Level II incident reports are completed in the future.	V 367		
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Executive Director, Leonard Shinhoster