PRINTED: 03/06/2020 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL0411184 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601-B HUFFINE MILL ROAD RESIDENTIAL TREATMENT CENTER **GREENSBORO, NC 27405** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 3/3/20. The complaint was substantiated (intake #NC00160109). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. V 364 V 364 G.S. 122C-62 Additional Rights in 24 Hour V364 Alexander Youth Network Residential 4/27/20 Treatment Center will be implementing **Facilities** programmatic changes in order to start the process of removing uniforms and making sure all clients § 122C-62. Additional Rights in 24-Hour have adequate clothing. Over the next 4 weeks, clothing will be requested or purchased for those (a) In addition to the rights enumerated in G.S. clients lacking adequate personal items. Uniforms 122C-51 through G.S. 122C-61, each adult client will be removed beginning 4/27/2020. Clothing will be kept on hand for those clients that come to the who is receiving treatment or habilitation in a program without clothing. 24-hour facility keeps the right to: (1) Send and receive sealed mail and have Clothing restrictions due to safety concerns will be access to writing material, postage, and staff documented in the client's record and will not assistance when necessary; exceed 30 days in accordance with the guidelines (2) Contact and consult with, at his own expense outlined in G.S. 122C-62. and at no cost to the facility, legal counsel, private Meaghan Whitson, Executive Director Eastside physicians, and private mental health, Campus, will be overseeing the program changes developmental disabilities, or substance abuse and will monitor with daily staff communication. professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be DHSR-Mental Health restricted by the facility and each adult client may

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE JUNEAU E JUNEAU (X6) DATE 3/9/20

exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h)

(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made

times keeps the right to:

collect to the receiving party;

of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all

Improvement Coordinator

MAR 2 0 2020

Lic. & Cert. Section

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

ID PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SURVEY COMPLETED	
MHL0411184		B. WING_		С
				03/03/2020
ME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE	
SIDENTIAL TREATMENT CENT	ER 1601-B HU	FFINE MILL	ROAD	
	GREENSB	ORO, NC 27	7405	
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V 364 Continued From page	e 1	V 364		
(2) Receive visitors a.m. and 9:00 p.m. fo hours daily, two hours p.m.; however visiting over therapies; (3) Communicate an supervision with indiviupon the consent of the consent of the consent of the consent of the result of the client violent crime, including assault with a deadly respondent was found insanity or incapable ob. The client was vocommitted to the facilit commitment to a correct Division of Adult Correct Public Safety; or c. The client is being to proceed pursuant to A court order may exponent of the conditions prescribed to the conditions prescr	between the hours of 8:00 r a period of at least six s of which shall be after 6:00 g shall not take precedence If the custody of the facility ceedings were initiated as s being charged with a g a crime involving an weapon, and the If not guilty by reason of of proceeding; luntarily admitted or thy while under order of ectional facility of the faction of the Department of g held to determine capacity of G.S. 15A-1002; ressly authorize visits of the physical exercise and by law, keep and use cossessions, unless the letermine capacity to S. 15A-1002; rous worship;	V 364		

Division of Health Service Regulation

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CTATEMEN	T OF DEFICIENCIES					
TAXABLE DISTRICT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY	
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MHL0411184		B. WING			/ 03/2020	
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NAME OF P	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
RESIDEN	TIAL TREATMENT CENTI	EK	JFFINE MILL			
		GREENSE	BORO, NC 27	405		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD I		COMPLETE
1/10	THE SOLD HORT ON E	SO DENTI TING IN ORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
1/00/						
V 364	Continued From page	2	V 364			
	(10) Have access to in	ndividual storage space for				
	his private use.	•	1			1
	(c) In addition to the	rights enumerated in G.S.				1
	122C-51 through G.S.		1			
	122C-59 through G.S.	122C-61, each minor client				
	who is receiving treatn	nent or habilitation in a				1
		e right to have access to	1			
	proper adult supervision					
		or's status as a developing				
	individual, the minor st					
		him to mature physically,	1			
	emotionally, intellectua		1			
		the physical, emotional,	1			
	and intellectual immatu					
1	24-hour facility shall pr					
		and control consistent with				
		minor pursuant to this Part.				
	The facility shall also, v reasonable efforts to el			1	1	
		nt apart and separate from treatment needs of the	1			
	minor client dictate other					
		is receiving treatment or				
		our facility has the right to:				
		consult with his parents or			1	- 1
		or individual having legal			1	
1	custody of him;					- 1
		It with, at his own expense				1
or that of his legally responsible person and at no cost to the facility, legal counsel, private					1	
					1	
		ital health, developmental				- 1
	disabilities, or substanc	e abuse professionals, of				1
	his or his legally respon	sible person's choice; and				- 1
	(3) Contact and consu	It with a client advocate, if				- 1
1	there is a client advocat	te.				- 1
1.	The rights specified in the	his subsection may not be				
	restricted by the facility	and each minor client				1
		its at all reasonable times.				I
		in subsections (e) and (h)				- 1

03/03/2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION
A. BUILDING:

A. BUILDING:

C

(X3) DATE SURVEY COMPLETED

MHL0411184

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING ____

RESIDENTIAL TREATMENT CENTER		1601-B HUFFINE MILL GREENSBORO, NC 2		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMAT	ULL PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 364	REGULATORY OR LSC IDENTIFYING INFORMAT	v 364 eiving has ong at the ee s to oce 9:00 wo ever ol or al law; olay, or see eing ant to for sum e stes. r (d) eept he	CROSS-REFERENCED TO THE APPROPRIATE	
	plan. A written statement shall be placed in the client's record that indicates the detailed reason	е		

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WNG MHL0411184 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601-B HUFFINE MILL ROAD RESIDENTIAL TREATMENT CENTER GREENSBORO, NC 27405 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRFFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) V 364 Continued From page 4 V 364 for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days. at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be

This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that clients kept the right to keep and use personal clothing and possessions affecting 3 of 3 clients (clients #1, #2, and #3). The findings are:

documented in writing in the client's record.

Review on 3/3/20 of client #1's record revealed: -An admission date of 5/10/19;

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING_ MHL0411184 03/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1601-B HUFFINE MILL ROAD RESIDENTIAL TREATMENT CENTER GREENSBORO, NC 27405 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 5 V 364 -An age of 16 years old; -Diagnoses included Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), Post Traumatic Stress Disorder (PTSD), and Functional Enuresis; -No documentation regarding the restriction of clothing. Attempted interview on 3/3/20 with client #1 was not successful because the client refused to be interviewed. Interview on 3/3/20 with client #1's guardian revealed she was not aware that the client was

Review on 3/3/20 of client #2's record revealed: -An admission date of 6/21/19;

not allowed to wear his own clothing when he was

-An age of 13 years old;

initially admitted to the facility.

-Diagnoses included PTSD, ADHD, Disruptive Mood Dysregulation Disorder, Alcohol Use Disorder, Cocaine Use Disorder, Gender Dysphoria, and Borderline Personality Disorder; -No documentation regarding the restriction of clothing.

Interview on 3/3/20 with client #2 revealed: -"When you're on (level) 1, 2, or 3, you can't have your personals, like your personal clothing;" -When a previous client was at the facility, it negatively affected his self esteem to have to

Interview on 3/3/20 with client #2's guardian revealed:

- -"When he (client #2) first got there (the facility) he didn't like the uniforms they had for him;"
- -"I think they have to get so many points or levels before they can wear their own clothing."

Division of Health Service Regulation

wear uniforms.

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL0411184	B. WING		C 03/03/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
RESIDEN	TIAL TREATMENT CENT	ER 1601-B H	UFFINE MILL RO	AD		
			BORO, NC 27405	5		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 364	Continued From page	6	V 364			
	-An admission date of -An age of 15 years of -Diagnoses included of Disorder, and ADHD; -No documentation recolothing. Interview and observat approximately 12:57pr -The client was wearing sweatpants; -Clients were required they reached level 4; -"I'm on level 2 since I 7 days;" -"The staff gets it (person supposed to have accessive to have accessive to the supposed to have accessive to wear his own of	d; DDD, Autistic Spectrum garding the restriction of tion on 3/3/20 at n with client #3 revealed: g a gray sweatshirt and to wear only uniforms until just got heretoday makes onal clothing)I'm not ess to it as far as I know;" olain to me why (he was not othing);" behavior he would be on				
	Interview on 3/3/20 with revealed: -He was aware that the wear his own clothing; -"There was a large parthat's in the guide;" -"I think it's an incentive up to a higher level." Review on 3/3/20 of the revealed: -"Resident's Rights and have the right to wear y decorative items, as lon	client #3's guardian client was not allowed to cket that was sent and to behave and to reach Program Manual Responsibilities #23: You our personal clothing and g as it is appropriate and th your treatment or with				

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0411184	B. WING			C 03/03/2020	
	ROVIDER OR SUPPLIER	ER 1601-B H	DDRESS, CITY, STATE IUFFINE MILL ROA BORO, NC 27405	AD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
	system is not to infring may only be restricted treatment team;" -"Level 2 - Entry level; -"Level 4 - Can wear of as staff see's it appropriately appropriately as staff see's it appropriately as staff see's it appropriately as staff see's it appropriately appropriately are gray, not neutral colors;" -"Once you are on leve wear your own persons." -"Once you are on leve wear your own persons." -"On Fridays, if they go getting into trouble, the own clothes;" -It typically takes 4-5 we are admitted to reach legitly. "It typically takes 4-5 we are admitted to reach legitly." It think it's a safety thing everybody on the same never got a reason why her was aware that it wrights to not allow them but he had assumed the permission. Interview on 3/3/20 with Improvement Coordina. "None of the parents her (regarding the clothing the clothing away with the unitable of the parents her in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned their own clothing by Justine in the facility had planned the facilit	s of privileges in the level ge on patient rights, which by specific order of the " own casual clothing as long priate." th Staff #1 revealed: sion, they're given 7 outfits avy blue or blackpretty el 4 or 5 your are allowed to al clothes;" through the week without ey are allowed to wear their eleks from the time clients evel 4; som on the unit here and kept in that storage room;" ngI think it puts el level of environmentI yIt's just how it's been;" vas a violation of client to wear their own clothing at the facility had gotten on the Performance tor revealed: save ever said anything restriction);" that we're working towards, ifforms;" d to allow clients to wear	V 364				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411184		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING		С			
				03/03/2020			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE			
RESIDEN'	TIAL TREATMENT CENTE	ER .	FFINE MILL				
	T		ORO, NC 27	405			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 364	provide uniforms that a their own pajamas and -The facility had requir uniforms for years due some of the clients not -"When they get on lev own clothing;" -It can take up to 2 we clients are admitted for	Imitted to the facility"we are sweatsthey can wear d undergarments;" red new admissions to wear e to safety concerns and t having their own clothing; vel 3, they can wear their eks from the time new or them to reach level 3; ing without strings when	V 364	DEFICIENCY)			
		1				- 1	

March 19, 2020

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

To Whom It May Concern:

Enclosed you will find the Plan of Correction for the Residential Treatment Center (MHL# 041-1184). Please let me know if you need any additional information in order to address the deficiencies cited.

Thank you for your attention to this matter.

Sincerely,

Hannah Labas

Performance Improvement Cooridinator



ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

March 9, 2020

Buddy Plummer, VP Performance Improvement Alexander Youth Network 6220 Thermal Road Charlotte, NC 28211

Re: Complaint Survey completed March 3, 2020

Residential Treatment Center, 1601-B Huffine Mill Road, Greensboro, NC 27405

MHL # 041-1184

E-mail Address: bplummer@aynkids.org

Intake #NC00160109

Dear Mr. Plummer:

Thank you for the cooperation and courtesy extended during the complaint survey completed March 3, 2020. 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

All tags cited are standard level deficiencies.

Time Frames for Compliance

 Standard level deficiency must be corrected within 60 days from the exit of the survey, which is May 2, 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.

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

- 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 <u>original</u> 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 Barbara Perdue at (336) 861-6283.

Sincerely,

Sheri Spicer

Facility Compliance Consultant I

Shoil Spicer

Mental Health Licensure & Certification Section

Cc:

DHSR Letters@sandhillscenter.org qmemail@cardinalinnovations.org DHSR@Alliancebhc.org dhhs@vayahealth.com

Pam Pridgen, Administrative Assistant