PRINTED: 01/13/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
		MHL060-969	B. WING		01/13	3/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
ALEXAND	DER YOUTH NETWORK -	OAK UNIT PRTF	ERMAL ROAD TE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	0 INITIAL COMMENTS		V 000				
	A complaint survey was completed on 1/13/21. The complaint was unsubstantiated (Intake #NC172874). A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility						
V 537	V 537 27E .0108 Client Rights - Training in Sec Rest & ITO		V 537				
	10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT  (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.  (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.  (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.  (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
MHL060-969		B. WING		01/	13/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADD				TE, ZIP CODE		
ED VOUTU NETWORK	OAK UNIT DDTE	6220-A THE	RMAL ROAD			
CHARLOTT			TE, NC 28211			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FL		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE
Continued From page	: 1		V 537			
methods to determine course.  (e) Formal refresher by each service proviannually).  (f) Content of the trai provider plans to empthe Division of MH/DE Paragraph (g) of this (g) Acceptable trainir but are not limited to, (1) refresher interested the use of restrictive i (2) guidelines of (understanding imminothers);  (3) emphasis or ights and dignity of a concepts of least rest incremental steps in a (4) strategies for of restrictive intervent (5) the use of einterventions which in assessment and mon psychological well-be use of restraint through restrictive intervention (6) prohibited personal providers (7) debriefing semportance and purpor (8) documentation of initinat least three years.  (1) Documentation (A) who particip	training must be completed periodically (minimal that the service alloy must be approved D/SAS pursuant to Rule.  In grograms shall inclust presentation of:  formation on alternative and the service and in safety and respect for all persons involved (us rictive interventions; and intervention); or the safe implementations; mergency safety clude continuous itoring of the physical as ing of the client and the ghout the duration of the client and the ghout the duration of the see; and in methods/procedures shall maintain all and refresher training tion shall include:	um by de, es to or the ing d tion and e safe e ir es. g for	V 537			
	here they attended; ar	nd				
	ROVIDER OR SUPPLIER  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR LE  Continued From page methods to determine course.  (e) Formal refresher by each service provide annually).  (f) Content of the trai provider plans to empthe Division of MH/DE Paragraph (g) of this (g) Acceptable training but are not limited to, (1) refresher infut the use of restrictive in (2) guidelines of (understanding imminothers);  (3) emphasis of rights and dignity of a concepts of least rest incremental steps in a (4) strategies for of restrictive intervent (5) the use of e interventions which in assessment and mon psychological well-be use of restrictive interventions (6) prohibited p (7) debriefing s importance and purpor (8) documentation of initiat least three years.  (1) Documentation (A) who participoutcomes (pass/fail);	MHL060-969  ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FI REGULATORY OR LSC IDENTIFYING INFORMAT  Continued From page 1  methods to determine passing or failing the course.  (e) Formal refresher training must be compi by each service provider periodically (minim annually).  (f) Content of the training that the service provider plans to employ must be approved the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.  (g) Acceptable training programs shall includut are not limited to, presentation of:  (1) refresher information on alternative the use of restrictive interventions;  (2) guidelines on when to intervene (understanding imminent danger to self and others);  (3) emphasis on safety and respect for rights and dignity of all persons involved (us concepts of least restrictive intervention);  (4) strategies for the safe implemental of restrictive interventions;  (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical apsychological well-being of the client and the use of restraint throughout the duration of the restrictive intervention;  (6) prohibited procedures;  (7) debriefing strategies, including the importance and purpose; and  (8) documentation methods/procedured (h) Service providers shall maintain documentation of initial and refresher training at least three years.  (1) Documentation shall include:  (A) who participated in the training and outcomes (pass/fail);	MHL060-969  ROVIDER OR SUPPLIER  STREET ADD  6220-A THE CHARLOTT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Acceptable training programs shall include, but are not limited to, presentation of: (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail);	ROVIDER OR SUPPLIER  RER YOUTH NETWORK - OAK UNIT PRTF  ER YOUTH NETWORK - OAK UNIT PRTF  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  methods to determine passing or failing the course.  (e) Formal refresher training must be completed by each service provider periodically (minimum annually).  (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.  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(1) Documentation shall include:  (A) who participated in the training and the outcomes (pass/fail);	PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  ### STATE, ZIP CODE	MHL060-969  MHL060-969  B. WING

Division of Health Service Regulation

STATE FORM R8E111 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDE		IDENTIFICATION NUMB	ER:	A. BUILDING: _		COMPLE	ETED
		MHL060-969		B. WING		01/1	3/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
				ERMAL ROAD			
ALEXAND	ER YOUTH NETWORK -	OAK UNIT PRTF		TE, NC 28211			
			OHARLOT	·			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU	II I	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION		TAG	CROSS-REFERENCED TO THE APPROP		DATE
				1	DEFICIENCY)		
V 537	Continued From page	e 2		V 537			
	(C) instructor's						
		n of MH/DD/SAS may					
		ocumentation at any tim	ie.				
	(i) Instructor Qualifica	ation and Training					
	Requirements:	all domanatrata compat	onoo				
		all demonstrate compet esting in a training prog					
		reducing and eliminatin					
	need for restrictive in	•	y uie				
		all demonstrate compet	ence				
	by scoring 100% on testing in a training program						
		eclusion, physical restra					
	and isolation time-out	• •					
		all demonstrate compet	ence				
	` '	grade on testing in an					
	instructor training pro	-					
	(4) The training	shall be					
	competency-based, in	nclude measurable lear	ning				
	objectives, measurab	le testing (written and b	у				
		ior) on those objectives					
		to determine passing o	r				
	failing the course.						
		t of the instructor training	ig the				
	service provider plans						
		sion of MH/DD/SAS pur	suant				
	to Subparagraph (j)(6						
		instructor training progr					
	· ·	be limited to, presentati	ion				
	of: (A) understandi	ng the adult learner;					
		rig the addit learner, r teaching content of the	۵				
	(B) methods fo course;	i teaching content of the	<del>-</del>				
	· ·	of trainee performance;	and				
		tion procedures.	unu				
	, ,	all be retrained at least					
	` '	strate competence in the	e use				
		I restraint and isolation	- uoo				
		l in Paragraph (a) of this	s				
	Rule.	aragrapii (a) oi tilic	-				
	Rule.			1			

Division of Health Service Regulation

STATE FORM R8E111 If continuation sheet 3 of 6

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-969	B. WING		01/13	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER YOUTH NETWORK -	OAK UNIT PRTF	ERMAL ROAD			
			TE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	7 Continued From page 3		V 537			
	(8) Trainers share CPR.  (9) Trainers share in teaching the use of least two times with a coach.  (10) Trainers share use of restrictive internation of inition training for at least the commentation of inition training for at least the course of the cour	all be currently trained in all have coached experience f restrictive interventions at a positive review by the all teach a program on the ventions at least once all complete a refresher east every two years. shall maintain al and refresher instructor ree years. tion shall include: ated in the training and the where they attended; and name. n of MH/DD/SAS may ocumentation at any time. coaches: hall meet all preparation iner. hall teach at least three ch is being coached. hall demonstrate eletion of coaching or loction. hall be the same				
	This Rule is not met Based on records rev interviews, the facility demonstrated compe	riew, observations and failed to ensure staff				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL060-969		B. WING		01	/13/2021	
ALEXANDER YOUTH NETWORK - OAK LINIT PRIE		6220-A THE	DDRESS, CITY, STATE, ZIP CODE  HERMAL ROAD  TTE, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 537	CHARLOTTI  SUMMARY STATEMENT OF DEFICIENCIES  FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		V 537					

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STATE FORM R8E111 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL060-969		B. WING		0	1/13/2021
NAME OF PROVIDER OR SUPPLIER STREET A			STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEXAND	DER YOUTH NETWORK -	OAK UNIT PRTF		ERMAL ROAD TE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
V 537	-clients fall out and ar -clients try to elope; -hold their hands to be getting hurt; -clients fall to the growthey are trying to yan Observation on 1/21/2-staff #1 demonstrate their wrist; -they twist/turn/yank adoing this; -clients fall to the floo-clients twisting their linterview on 1/21/21 Program Operations -certified TCI instructions restraint in TCI had client; -if a staff has a hold clet client go or do a T -if staff can't get the crestraint or a moving -do not restrict mover -in the moving hold, siclient's wrist, -staff grab the client as	ind he lets go; from hitting themselves re yanking away; keep them from running und, their wrist is bent k away.  21 at 12:05pm reveale d how he gets clients be and client's wrist bends r; arms around.  with the Vice Presiden revealed: or; as bending of the wrist of clients and they pull CI hold; slient to calm down, do hold; ment; staff does not grab the	g and as d: by s while t of of a back,	V 537			

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