

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-969</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/13/2021</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - OAK UNIT PRTF</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-A THERMAL ROAD CHARLOTTE, NC 28211</b>		
(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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 1/13/21. The complaint was unsubstantiated (Intake #NC172874). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility</p>	V 000	<ul style="list-style-type: none"> <li>Staff should participate in a refresher course of TCI techniques and supervision on de-escalation techniques. Staff will be reminded that any holds that restrict movement and that is not part of the TCI training is prohibited.</li> <li>Staff will have a refresher of the child protection policy. This refresher will remind him that at no time he should be left alone with a consumer, and when this occurs he is to reach out to peers or supervisor for support.</li> <li>Supervisor will document the above conversation and keep it the employee file.</li> </ul>	<p>2/1/21</p> <p>1/25/21</p> <p>1/29/21</p>

DHSR - Mental Health

01/13/2021

Lic. & Cert. Section

Division of Health Service Regulation

V 537	<p>27E .0108 Client Rights - Training in Sec Rest &amp; ITO</p> <p>10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable</p>	V 537		
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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 6

STATE FORM

6899

R8E111

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**ALEXANDER YOUTH NETWORK - OAK UNIT PRTF**

**6220-A THERMAL ROAD**

**CHARLOTTE, NC 28211**

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Division of Health Service Regulation

V 537	<p>Continued From page 1</p> <p>methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(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.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(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);</p> <p>(4) strategies for the safe implementation of restrictive interventions;</p> <p>(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;</p> <p>(6) prohibited procedures;</p> <p>(7) debriefing strategies, including their importance and purpose; and</p> <p>(8) documentation methods/procedures.(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p>	V 537		
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Division of Health Service Regulation

<p>V 537</p>	<p>Continued From page 2</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner; (B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p>	<p>V 537</p>	
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Division of Health Service Regulation

V 537	<p>Continued From page 3</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years. (k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility failed to ensure staff demonstrated competency in restrictive</p>	V 537	
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Division of Health Service Regulation

V 537	<p>Continued From page 4</p> <p>interventions for 1 of 5 staff (#1). The findings are:</p> <p>Review on 1/7/21 of staff #1's personnel record revealed:                      -hire date of 5/11/15;                      -job title of Behavioral Health Counselor; -                      completed training in TCI(Therapeutic Crisis Intervention) dated 1/20/20.</p> <p>Interview on 1/5/21 and 1/6/21 with clients #1, #2, #3, #4 and #5 revealed:                      -staff #1 bends their wrist;                      -happens when they act out.</p> <p>Interview on 1/12/21 with staff #4 revealed: -                      only time a staff grabbed a client's wrist was to do a small child restraint,                      -have to grab the wrist to do a wrap;                      -do not grab a client's wrist if not going to do a restraint;                      -for a "moving hold" get the client by the forearm and keep close to your waist;                      -walk the child from one area to another; -this was done to move a child who was not at baseline to a controlled environment.</p> <p>Interview on 1/12/21 with staff #5 revealed:                      -trained in TCI;                      -if doing a moving hold, intertwine your arms with theirs and hold their arms;                      -holding a client by the wrist is not TCI;                      -to move a client from one area to another, one staff on one side and another staff on other side of the client.</p> <p>Interview on 1/12/21 with staff #1 revealed: -                      clients go outside, throw things and become aggressive;                      -he will grab client's hand/wrist;</p>	V 537	
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V 537	Continued From page 5  -clients twirl around and he lets go; -tries to keep clients from hitting themselves; -clients fall out and are yanking away; -clients try to elope; -hold their hands to keep them from running and getting hurt; -clients fall to the ground, their wrist is bent as they are trying to yank away.  Observation on 1/21/21 at 12:05pm revealed: - staff #1 demonstrated how he gets clients by their wrist; -they twist/turn/yank and client's wrist bends while doing this; -clients fall to the floor; -clients twisting their arms around.  Interview on 1/21/21 with the Vice President of Program Operations revealed: -certified TCI instructor; -no restraint in TCI has bending of the wrist of a client; -if a staff has a hold of clients and they pull back, let client go or do a TCI hold; -if staff can't get the client to calm down, do restraint or a moving hold; -do not restrict movement; -in the moving hold, staff does not grab the client's wrist, -staff grab the client above the wrist; -need to retrain staff #1 in restrictive movements.	V 537	
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Leonard Shinhoster, Vice President of Residential Services.





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH •

Secretary

MARK PAYNE • Director, Division of Health Service Regulation

January 15, 2021

Leonard Shinhoster, Vice President of Program Operations  
Alexander Youth Network  
6220 Thermal Road  
Charlotte, NC 28211

DHSR - Mental Health

Lic. & Cert. Section

Re: Complaint Survey completed 1/13/21  
Alexander Youth Network-Oak Unit PRTF, 6220-A Thermal Road, Charlotte, NC 28211  
MHL # 060-969  
E-mail Address: lshinhoster@aynkids.org  
Intake: #NC172874

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the complaint survey completed January 13, 2021. The complaint was unsubstantiated. A deficiency was cited.

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**

- A standard level deficiency was cited.

**Time Frames for Compliance**

- Standard level deficiencies must be **corrected** within 60 days from the exit date of the survey, which is March 14, 2021.

**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.***



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

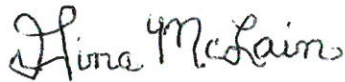
January 15, 2021  
Leonard Shinhoster  
Alexander Youth Network

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 Lynn Grier at (704)596-4072.

Sincerely,



Gina McLain  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Enclosures

CC: qmemail@cardinalinnovations.org  
DHSR@Alliancebhc.org QM@partnersbhm.org  
dhhs@vayahealth.com  
File