	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 04/28/2021	
		MHL060-969				
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ER YOUTH NETWORK	6220-A 1	HERMAL ROAD			
LEAAND		CHARLO	DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE ⁻ DATE
V 000	INITIAL COMMENT	S	V 000			
	completed on 4-28-2	nt and follow up survey was 21. The complaint was 200175200). Deficiencies				
	category: 10A NCA	ed for the following service C 27G 1900 Psychiatric nt Facility for Children and				
V 110	27G .0204 Training/ Paraprofessionals	Supervision	V 110			
	SUPERVISION OF (a) There shall be n paraprofessionals.	04 COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for als shall be supervised by an				
	Subchapter. (c) Paraprofessiona	sified in Rule .0104 of this				
	population served.(d) At such time as employment system	d abilities required by the a competency-based is established by rulemaking, ssionals and associate				
	professionals shall o	lemonstrate competence. all be demonstrated by including:				
	(2) cultural awaren(3) analytical skills;(4) decision-making	ess; g;				
		skills; and ody for each facility shall				
	develop and implem	ent policies and procedures				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
NAME OF PI	ROVIDER OR SUPPLIER	MHL060-969 STREET A	DDRESS, CITY, STATE		04	/28/2021
		OAK UNIT PRTF	HERMAL ROAD			
		CHARLO	DTTE, 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 ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 1	V 110			
	for the initiation of the plan upon hiring each	e individualized supervision n paraprofessional.				
	four staff (Staff #1, #2 demonstrate knowled	nd record review three of				
	revealed: -Policy 2.10 Chil Effective 6/1/98; Rev 10/21/10, 12/8/11 The agency will ensu from harm, abuse, ne	ised 9/29/00, 6/8/04, re clients' right to protection eglect and exploitation. the protect children, staff, foster				
	1. Every employee, v Alexander Youth Net report immediately to management staff an any suspicion or que child abuse, neglect o occurred.	a member of the by situation which presents stion as to the possibility that or exploitation may have				
	made by a child in ca immediately to a mer team. 3. An Incident Report	er how unlikely it seems ire is to be relayed nber of the management t form will be completed. In				
ision of Hea	all situations of possi exploitation the Alexa alth Service Regulation	ble child abuse, neglect, or ander Youth Network				

Division of Health Service Regula STATE FORM

6899

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-969	B. WING	B. WING		/28/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
LEXAND		- OAK UNIT PRTF	HERMAL ROAD OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From page	e 2	V 110			
	be observed, and in I	ild Abuse and Neglect" shall no case will the internal n appropriate referral to the Social Services.				
	revealed: -"Allegation: On alleged that a consur had been treated unf #5) which was allege When asked about in as follows: Client's re match. Consumer [Client #2] in regards to actions aggressive. Consume	f Internal Investigation Monday April 19, 2021 it was mer residing in Oak cottage fairly by a staff member (Staff ad heard but not witnessed. incident clients response was esponses varied and did not]: Consumer stated nothing of 2nd shift staff being er express that he is upset r removal of item due to not				
	staff (Staff #5 and Sta treatment towards co fairly) (DS). Staff (Sta shower and left the d could be witnessed. (said he didn't really s	: Expressed that 2nd shift aff #4) provide unequal onsumer (not treating him aff #5) took client from loor open so that action Client then back tracked and see but heard something that				
	Wednesday or Thurs Consumer [Client #1] regards to alleged all express by consume at times and that add Consumer [Client #4]	which alleged occurred day unsure of which day.]: Reporting nothing in legation. Only concern r was the music is too loud litional activities are desired.]: Has no knowledge of confused about question				
	alleged incident, and concerns. Consumer [Client #6	onal information.]: Has no knowledge of express no additional]: Has no knowledge of puld like to complete more				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		E SURVEY PLETED	
		MHL060-969	B. WING		04	/28/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LEXAND	ER YOUTH NETWORK	- OAK UNIT PRTF	THERMAL ROAD OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 3	V 110			
	 Continued From page 3 activities oppose to the things we do now Results on investigation: From video observations, and the accounts of consumers no actions can be located to validate incident, the alleged incident internally was unsubstantiated. However, per internal policy external investigation has to take place because of the allegation. An internal incident report will be completed." Review on 4-21-21 of Staff #1's personnel record revealed: -Hire date 9-30-19. -Trainings include Abuse on 1-4-20. Review on 4-23-21 of Staff #2's personnel record revealed: -Hire date 2-10-20. 					
	revealed: -Hire date of 12- -Trainings includ Rights 12-13-19. Interview on 4-19-21	of Staff #3's personnel record 9-19. le; Abuse 1-18-20, Client with Client #1 revealed: t or pushed them.				
	-He had no issue Interview on 4-19-21	with Client #2 revealed: es with staff hitting clients. with Client #3 revealed: taff #5 hit Client #2 on the				
	and made him dress -He then stated getting slapped.	ed" him out of the bathroom with the door open. that he heard Client #2 that he heard and saw Client				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MUL 050 050	B. WING				
		MHL060-969		7/0 0005	02	4/28/2021	
IAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, FHERMAL ROAD	ZIP CODE			
LEXAND	ER YOUTH NETWORK	- OAK UNIT PRTF	OTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From pag	e 4	V 110				
	-Client #3 had "s shift staff" -Client #2 said ti was taking too long i -"He said he hea (Client #2) shoulder -"He told me tha speak to the supervis -Staff #1 stated supervisor yet becau -Both she and th work that morning at "I know the wee for bruises." -She didn't feel f incident report, just r Interview on 4-22-21 -He had heard C of abuse. -"What I tried to with the other staff (a child got it misunders -"I was going to weekend (4-24-21). -Staff #2 didn't k other than his superv -The protocol is which he has done b -He knows that supervisor would the -"Both [Client #3 exact same story. Th in the shower. Staff v pop and dragged him	ard something hitting on his or something." It yesterday, I told him I would sor." that she hadn't spoken to a use she had not had time. The supervisor had arrived at 8:00 am. kend staff was going to check like she needed to write an eport it to her supervisor. With Staff #2 revealed: Client #3 make an allegation do, I tried to get in contact accused staff) to see if the stood." talk with the supervisor this She was out last weekend." inow who who else to call <i>v</i> isor. to go to your supervisor,					

	TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL060-969			04	/28/2021
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, HERMAL ROAD	, ZIP CODE		
ALEXAND	ER YOUTH NETWORK	- OAK UNIT PRTF	DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 5	V 110			
	 1/2 years, he is full ti also works shifts dur -Client #3 had si went into the bathroot shoulder. -"We don't take to tell people, the hig -Client #3 report -"I told him to tel -"Our Superviso weekend." -"I told [Staff #1] call" -When he has h he has let his superv he did not let a super -"I was hoping [G [Supervisor]. I couldr -"Me personally, [Executive Director] I chain of command." -"I feel like I follot the kid to tell the sup staff member." 	aid that 2nd shift staff had om and hit a client on the the kids word for it. I tell them ther authorities." ted this to them on 4-18-21. II [Supervisor] Monday." r was off campus for the . Don't have a supervisor on eard allegations in the past risor know, but this allegation				
		n incident report. her supervisor "immediately." ays someone on call to report				
	Interview on 2-26-21 Program Operations -Staff had been reporting abuse.	trained in the protocol of d been investigated as soon				

Division of Health Service Regulation STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	E SURVEY PLETED
		MHL060-969	B. WING		04	/28/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
LEXAND		- OAK UNIT PRTF	THERMAL ROAD OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From page	e 6	V 110			
	-The staff involve the proper protocol.	ed had been counseled on				