

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 05/25/2021
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)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow-up survey was completed on 5/25/21. The complaint was unsubstantiated (Intake #175895). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility</p>	V 000	<p>1) Therapist has set daily calendar reminders to complete notes by 6pm of that day</p> <p>2) Executive Director and/or Senior Psychologist will look at notes day after to ensure they are completed and in system</p> <p>3) Therapist discussed collaborative/concurrent documentation during supervision with senior psychologist and other ways to eliminate tardiness of notes.</p>	6/8/21

DHSR - Mental Health

JUN 14 2021

Lic. & Cert. Section

Division of Health Service Regulation

V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS (a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to: (1) an identification face sheet which includes: (A) name (last, first, middle, maiden); (B) client record number; (C) date of birth; (D) race, gender and marital status; (E) admission date; (F) discharge date; (2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician; (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided; (8) documentation of progress toward outcomes;</p>	V 113	
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

OWMB11

If continuation sheet 1 of 8

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V 113	<p>Continued From page 1</p> <p>(9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders; (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure documentation of services provided and documentation of progress toward outcomes was in the client record affecting 3 of 3 clients(#1, #2 and #3). The findings are:</p> <p>Finding #1: Review on 5/17/21 and 5/18/21 of client #1's record revealed: -admission date of 7/16/20; -diagnoses of Post-Traumatic Stress Disorder(PTSD), Attention Deficit Hyperactivity Disorder(ADHD), Autistic Disorder, Encopresis, Unspecified Convulsions and Other Persistent Mood Disorder; -admission assessment dated 6/10/20 documented client #1 demonstrated anger outbursts, aggression, elopements, self-harm, defiance, property destruction, impulsivity and had multiple psychiatric inpatient hospitalizations;</p>	V 113	
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V 113	<p>Continued From page 2</p> <p>-Treatment plan dated 5/21/21 documented goals to learn behavior management skills, identify three coping skills, increase positive peer interaction, decrease aggressive behaviors/anger outbursts, maintain healthy status, follow bedtime routine and participate in therapeutic leave.</p> <p>Interview on 5/17/21 with client #1 revealed: -Saw his therapist today; - see her almost every week.</p> <p>Further review on 5/17/21 and 5/18/21 of client #1's therapy progress notes from 3/1/21-5/17/21 revealed the following documented: -3/5 virtual check in session with client #1 due to COVID-19 and quarantine; -4/17 observed client #1 in milieu/cottage activities; -4/29 meeting with clinical supervisor, first shift supervisor and case manager for clinical case consultation; -5/5 individual session with client #1; -therapy notes with goals listed but no documentation for the following sections of progress note: Summary of Activity and Needs or Recommendations to be Addressed for dates of 4/8, 4/25, 4/30, 5/14. -documented in section of therapy progress notes labeled "Change in Risk to Self or Others" was documented "No Issues" for dates of 4/8, 4/25, 4/30 and 5/14.</p> <p>Finding #2: Review on 5/17/21 of client #2's record revealed: -admission date of 3/16/21; -diagnoses of PTSD, ADHD and Intermittent Explosive Disorder; -admission assessment dated 3/11/21 documented client #2 demonstrated aggression, elopements, defiance, property destruction,</p>	V 113		
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V 113	<p>Continued From page 3</p> <p>impulsivity, had a history of enuresis/encopresis, was a victim of neglect and was exposed to domestic violence(DV);</p> <p>-treatment plan dated 5/21/21 documented goals to develop and utilize healthy coping skills, develop and utilize appropriate anger management skills, maintain healthy status, establish and follow am/pm routine, have positive interaction with peers and participate in therapeutic leave.</p> <p>Interview on 5/17/21 with client #2 revealed:</p> <p>-saw her therapist last week;</p> <p>-don't know how often she sees her therapist.</p> <p>Further review on 5/17/21 of client #2's therapy progress notes from 3/16/21-5/17/21 revealed the following documented:</p> <p>-4/17 observed client #1 in milieu/cottage activities;</p> <p>-therapy notes with goals listed but no documentation for the following sections of progress note: Summary of Activity and Needs or Recommendations to be Addressed for dates of 3/16, 4/8, 4/25, 4/30, 5/13;</p> <p>-documented in section of therapy progress notes labeled "Change in Risk to Self or Others" was documented "No Issues" for dates of 4/8, 4/25, 4/30 and 5/14.</p> <p>Finding #3:</p> <p>Review on 5/17/21 of client #3's record revealed:</p> <p>-admission date of 1/4/21;</p> <p>-diagnoses of Adjustment Disorder with Mixed Disturbances of Emotions/Conduct and reaction to Severe Stressors Unspecified; -admission assessment dated 12/28/20 documented client #3 demonstrated aggression, elopements, threats to kill foster parents, school suspensions, victim of sexual abuse, witnessed</p>	V 113	
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V 113	<p>Continued From page 4</p> <p>DV, victim of neglect, food insecurities, anger issues and had psychiatric inpatient hospitalizations;</p> <p>-Treatment plan dated 4/13/21 documented goals to stay in assigned area, eat food provided, keep room clean, maintain hygiene, take medications as prescribed, communicate feelings appropriately, learn and develop coping skills and age appropriate interaction skills, establish and follow night-time routine, follow bathroom routine and participate in therapeutic leave.</p> <p>Interview on 5/17/21 with client #3 revealed: - saw his therapist a couple of weeks ago; - didn't see her last week.</p> <p>Further review on 5/17/21 of client #3's therapy progress notes from 3/1/21-5/17/21 revealed the following documented:</p> <p>-3/5 virtual check in session with client #3 due to COVID-19 and quarantine;</p> <p>-4/17 observed client #1 in milieu/cottage activities;</p> <p>-therapy notes with goals listed but no documentation for the following sections of progress note: Summary of Activity and Needs or Recommendations to be Addressed for dates of 4/8, 4/25, 4/30, 5/13;</p> <p>-documented in section of therapy progress notes labeled "Change in Risk to Self or Others" was documented "No Issues" for dates of 4/8, 4/25, 4/30 and 5/13.</p> <p>Interview on 5/24/21 with the therapist revealed:</p> <p>-Been at the facility a total of 11 years;</p> <p>-was here from 2006-2017, left then came back a year ago.</p> <p>-assigned clients at Elm Unit;</p> <p>-job duties include seeing kids for individual sessions, help with any crisis, facilitate Child and</p>	V 113	
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V 113	<p>Continued From page 5</p> <p>Family Team meetings, authorizations, clinical staffing and family sessions as warranted;</p> <ul style="list-style-type: none"> -client #1 does fantastic one on one; -last saw him 5/14; -most of the time he is one on one with staff here; -gets a chew toy to reduce him biting in himself; -takes a lot of redirection and prompts; -a lot of restraints; -he was placed on self-harm precautions at end of 4/2021; -he had started banging his head and making his nose bleed; -he was also biting himself; -last saw client #2 on 5/14; -she has problems with emotional regulation; - she is able to articulate very well and can identify her triggers. -if she is triggered, she will go into a full-blown tantrum; -during her last sessions, she got upset over not being able to keep a toy and had a tantrum; -last saw client #3 on 5/14; -has issues with boundaries; -working on him asking for hugs; -gets in others personal space/faces and causes issues with peer interactions but doing much better; -see clients for individual once a week; -also go to cottage on weekends and observe in cottage for some who do not do well in individual; -behind on notes in system and have all sessions in her notebook in her handwriting; - not transposed in system. <p>Interview on 5/25/21 with the Executive Director revealed he will address the issues with the therapist.</p>	V 113		
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V 738	Continued From page 6	V 738		
V 738	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not kept free from insects. The findings are:</p> <p>Interview on 5/17/21 with client #2 revealed: -see bugs in her room; -see spiders and ants; -last night saw a big spider in her room.</p> <p>Interview on 5/17/21 with client #3 revealed: -saw bugs in his room; -saw a water cockroach and ants; - saw long time ago.</p> <p>Observation on 5/19/21 at 1:15pm revealed: - granddaddy longlegs spider in upper corner of wall by closet in client #2's room; -four dead, small, black flying insects on floor by client #2's bed.</p> <p>Interview on 5/19/21 with client #2 revealed: -"I've been killing bugs;" -"I hate this room."</p> <p>Interview on 5/19/21 and 5/25/21 with the Executive Director revealed: -the cottage is an old building; -not sure why bugs in client #2's room; -maintenance staff do pest control weekly at</p>	V 738	<p>John Patton our facilities manager with have pest control come out monthly and will observe daily to see if there is a bigger need. If that's the case will do bi-weekly.</p>	6/8/21

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V 738	Continued From page 7 cottage; -will inform maintenance of issue.	V 738		
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Vice President of Residential Services: Leonard Shinhoster





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH •

Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 27, 2021

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

Re: Annual, Complaint and Follow-up Survey completed 5/25/21
Alexander Youth Network-Elm Unit, 6220-D Thermal Road, Charlotte, NC 28211
MHL # 060-1117
E-mail Address: lshinhoster@aynkids.org
Intake# NC 175895

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during our annual, complaint and follow-up survey completed May 25, 2021. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of 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

- Standard level deficiencies were cited

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit date of the survey, which is July 24, 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.

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

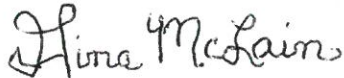
May 27, 2021
Leonard Shinhoster
Alexander Youth Network

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 Lynn Grier at (704)596-4072.

Sincerely,



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

Cc: qmemail@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