PRINTED: 09/27/2021 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED						
AND I LAN OF CONNECTION		BENTH TO THE TOTAL BETTE	A. BUILDING:									
		MHL0601117	B. WING		09/	09/24/2021						
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ALEXANDER YOUTH NETWORK - ELM UNIT  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 C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	(X5) COMPLETE DATE							
V 000	INITIAL COMMENTS		V 000									
	A complaint and follow up survey was completed on 9-24-21. The complaint was substantiated (intake #NC00181014). The complaints were unsubstantiated (intake #NC00180826, #NC00181185, #NC00181187, #NC00181493, #NC00181502). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.											
V 738	V 738 27G .0303(d) Pest Control		V 738									
	10A NCAC 27G .0303 EXTERIOR REQUIR (d) Buildings shall be rodents.											
	was not kept free from Interview on 9-15-21 -"lived here for about -had seen bugs in the	ns and interviews, the facility m insects. The findings are: with Client #1 revealed: a month;"										
	-"lived here for about -"since admission I ha a cockroach in my roo the bathroom sink;"	with Client #3 revealed: 3 weeks;" ave seen a small spider and om and saw a worm under and I killed the spider."										

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

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601117	B. WING		09	/24/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE			
ALEXAND	ER YOUTH NETWORK	· ELM UNIT	THERMAL ROAD OTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 738	Continued From page 1		V 738				
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

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