

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C 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 October 29, 2021. Three complaints were substantiated (Intake # NC00182023, NC00182057, and NC00182066) and one complaint was unsubstantiated (Intake #NC00182363). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. The survey include a review of 4 current clients and 1 former client.</p>	V 000	<p>RECEIVED</p> <p>DEC 01 2021</p> <p>DHSR-MH Licensure Sect</p>		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p> <p>(B) an assessment of whether or not the facility</p>	V 105	<p>In order to maintain compliance with staff training of Therapeutic Crisis Intervention (TCI) and TCI refreshers, Alexander Youth Network PRTF will:</p> <ul style="list-style-type: none"> Audit the staff training files to determine which staff are missing their annual refresher and get them current on their trainings. Offer monthly training opportunities for TCI refreshers which includes the written and physical component with a minimum of 3 time slots which will include: 8am, 3pm, and 4pm on the identified training day for each month, with the last on being held on December 2, 2021. PRTF Supervisors and Training Department will track attendance and monitor and ensure that all staff attend TCI refresher trainings as required. Compliance will be reported to Executive Director for follow up and accountability as needed. If justification for non-compliance is inadequate corrective actions will be taken. TCI trainings completion will be tracked by utilizing the internal training software, Relias. Attendance and completion will be tracked by the training 	12/10/2021	

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department and entered into each staffs
training transcript.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

4JA611

If continuation sheet 1 of 30

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: _____

(X3) DATE SURVEY
COMPLETED

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STATE FORM

6899

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If continuation sheet 2 of 37

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V 105	Continued From page 1 can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to implement standards to assure operational and programmatic performance meeting the applicable standards of care affecting 1 of 7 audited staff (Staff #5). The findings are:</p> <p>Review on 10/14/21 of Staff #5's record revealed: -Hired 8/17/20; -Employed as Behavioral Health Counselor; -Training in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out completed 1/26/21 with no 6 month refresher training completed.</p> <p>Interview on 10/21/21 with the facility's Therapeutic Crisis Intervention Instructor revealed: -All staff must complete a refresher training course in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out every 6 months.</p> <p>Interview on 10/28/21 with the Director revealed: - Staff #5 had recently been out on leave and came back on light duty and is out on leave again resulting in missing the 6 month refresher in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out; -Will ensure all staff complete a 6 month refresher course in alternatives to restrictive intervention and seclusion, physical restraint and isolation time-out moving forward.</p>	V 105		
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V 110	Continued From page 3	V 110		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills; (6) communication skills; and</p> <p>(7) clinical skills.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by:</p>	V 110	<p>In order to improve competencies of all staff members in the PRTF setting, Alexander Youth Network has implemented a new role, the Learning and Development Mentor as of 11/1/2021.</p> <p>The person in this role has been trained in Therapeutic Crisis Intervention (TCI), Neurosequential Model of Therapy (NMT), First Aid, and CPR.</p> <p>The role will serve as a trainer within the milieu who will observe and provide feedback related to competencies consistent with implementation of TCI in the moment and as needed.</p> <p>In addition to providing on the job training, the Learning and Development Mentor will report all observed areas of improvement to the staff's direct supervisor.</p> <p>The supervisor will utilize the feedback by incorporating any areas of improvement into the monthly supervisions and/or execute needed corrective actions.</p>	12/10/2021

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V 110	<p>Continued From page 4</p> <p>Based on interview and record review, 2 of 7 audited staff (Staff #1 and #2) failed to demonstrate the knowledge, skills, and abilities required by the population served. The findings are:</p> <p>Review on 10/12/21 of Staff #1's record revealed: -Hired 7/20/20; -Employed as Behavioral Health Counselor.</p> <p>Review on 10/12/21 of Staff #2's record revealed: -Hired 9/10/18; -Employed as Behavioral Health Counselor.</p> <p>Interview on 10/21/21 with Staff #1 revealed: -Had been working on 9/16/21 with Staff #2; - Staff #2 was the full-time staff assigned to the unit and Staff #1 was a per diem employee assisting Staff #2 during the shift resulting in Staff #1 looked to Staff #2 for guidance; -The clients in the cottage were engaged in behavioral episodes or were challenged because their peers were engaged in behavioral episodes; - Was working directly with Former Client #5; - Former Client #5 refused to open her bedroom door. Staff #1 pushed the bedroom door open catching Former Client #5's hand between the door and the wall. Former Client #5 cried and complained of pain for several minutes and then calmed down. -Staff #2 instructed Staff #1 not to call the nursing staff regarding Former Client #5's injury; -Staff #1 requested the nursing staff assess Former Client #5's injury approximately one hour later when the nursing staff administered medications. Former Client #5 was calm. Former Client #5 did not complain any further; - Staff #2 decided he "was shutting it down" which meant that all clients needed to go to their rooms right after dinner for the rest of the evening. Staff</p>	V 110		
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V 110	<p>Continued From page 5</p> <p>#2 also decided "we are not doing phone calls" on the evening shift;</p> <p>-Did not complete an incident report on 9/16/21 regarding Former Client #5's injury. The incident report was not completed until 9/17/21. Staff #1 was counseled by administration regarding the matter and knows now he should have completed the incident report immediately;</p> <p>-Should have called for a supervisor to provide assistance when the behavioral episodes escalated and should have contacted a nurse quicker when Former Client #5 sustained the injury.</p> <p>Interview on 10/26/21 with Staff #2 revealed: -</p> <p>Was working on 9/16/21 with Staff #1 who was a per diem employee assisting Staff #2;</p> <p>-The clients were in crisis and so they had to go into their rooms and stay in their rooms for the night;</p> <p>-Client #1 and Former Client #5 were upset and wanted to make phone calls and they were crying over not being allowed to make phone calls; -</p> <p>Client #1 and Former Client #5 were not allowed to make phone calls because Staff #2 was "shutting it down" which meant evening activities were not going to continue because clients were acting up and all clients needed to remain in their rooms;</p> <p>-Did not reach out to management for assistance with the clients' behavioral episodes and did not reach out for assistance when Former Client #5 injured her hand.</p> <p>Interview on 10/28/21 with the Director revealed: -</p> <p>Had already counseled Staff #1 and Staff #2 regarding their handling of the situation;</p> <p>-Had never heard of "shutting it down" and this was not the protocol at the facility;</p> <p>-Supervisory staff are available during all shifts to</p>	V 110		
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V 110	<p>Continued From page 6</p> <p>assist as needed; -Additional staffing support was available to Staff #1 and Staff #2 as the shift supervisor positions himself on the sidewalk between units to be readily available to assist staff as needed.</p>	V 110		
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).</p> <p>Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the</p>	V 132	<p>Alexander Youth Network completed an initial investigation of the reported incident on 9/17/21. During the initial report, both the consumer and staff member involved were interviewed by the PFRT Supervisor. During the consumer's interview, her report and the staff member's report were consistent and this was reported as an accident caused by staff. Both the consumer and staff member confirmed that the incident was accidental.</p> <p>The incident was then submitted via IRIS as an injury. The incident occurred on 9/16/21 and the provider learned of and submitted an IRIS report for injury on 9/17/21. The consumer was later discharged on 9/23/21. Prior to the discharge, there were no reported concerns or indication of abuse from the consumer, consumer's guardian, or staff member.</p> <p>AYN received a visit by the Charlotte Mecklenburg Police Department on 9/30/21. During this time it was shared that a report was received alleging abuse. It was later determined that the allegations that were being investigated were the same allegations that AYN had prior knowledge of from the 9/16/21 incident. As a result of the above an IRIS report was made on 9/30/21.</p> <p>Upon gathering information about the allegations that CMPD was investigating it was assessed and determined by the Executive Director of PRTF Charlotte that interviews with the involved staff and consumer had previously been conducted and no concerns were reported, therefore no further actions were deemed necessary at that time as no new information had been received about the alleged incident. Given that the provider had already interviewed the consumer and staff member involved, neither reporting any indication of abuse, a second interview of the incident was not completed.</p> <p>In order to ensure that all reports are investigated and submitted, on 10/12/2021,</p>	12/10/2021

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PRTF leadership participated in an Incident Report Training in order to review policy and procedure regarding steps for incident reporting.

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<p>V 132</p>	<p>Continued From page 8</p> <p>regarding the allegation of abuse involving Former Client #5 and Staff #1 because Former Client #5 had already been discharged when the allegation was made on 9/30/21;</p> <p>-The facility did not investigate the allegation of abuse because Former Client #5's injury had already been investigated.</p> <p>Interview on 10/28/21 with the Director revealed: - Will follow up to ensure all internal investigations are completed.</p>	<p>V 132</p>		
<p>V 314</p>	<p>27G .1901 Psych Res. Tx. Facility - Scope</p> <p>10A NCAC 27G .1901 SCOPE</p> <p>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.</p> <p>(b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting.</p> <p>(c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis.</p> <p>(d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.</p>	<p>V 314</p>	<p>The Executive Director will review position responsibilities with all PRTF clinicians which will include review and emphasis on each consumer receiving weekly individual therapy and bi-weekly family therapy.</p> <p>Additionally, Alexander Youth Network has developed a process to continue interaction between clinician and consumer during Covid quarantine as the missed sessions occurred during quarantine of the cottage.</p> <p>When the cottage is on quarantine, the clinician can meet with the consumer during the week for less than 15mins to assess and evaluate.</p> <p>The clinician and consumer must be 6 feet apart and wearing masks. The clinician can use an outside space or the clinician can go to the consumer's bedroom window, still maintaining six feet distance.</p> <p>If a virtual interaction can take place while maintaining confidentiality, then the therapist has the option to utilize Ipad/laptop technology.</p> <p>The clinician will document in the note that consumer/cottage is under quarantine.</p> <p>Alexander Youth Network has a written procedure for notifying the IT department of outages and documenting services during times where there is no access to the Electronic Health Record.</p> <p>All PRTF staff including but not limited to, PRTF Senior Management, Executive Director, PRTF Supervisors, Direct Care staff, Clinicians, and the Nursing Department, will receive a copy of that procedure again via internal email. Receipt of the procedure will be documented. Instructions will be provided if staff have additional questions or</p>	<p>12/10/21</p>

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concerns as it relates to the procedure requirements.

Any manual or missing documentation, which includes therapy notes will be reviewed by the Process Integrity Auditor during bi-monthly program audits. All non-compliance is reported to the programs leadership to correct within 7 days.

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V 314	<p>Continued From page 9</p> <p>(f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure therapeutic interventions to meet the needs of each client affecting 1 of 1 audited former clients (Former Client #5). The findings are:</p> <p>Review on 10/12/21 of Former Client #5's record revealed: -Admitted 7/19/21; -Discharged 9/23/21; -9 years old; -Diagnosed with Bipolar Disorder, Intermittent Explosive Disorder, Oppositional Defiant Disorder, and Attention Deficit Hyperactivity Disorder.</p> <p>Review on 10/18/21 of Former Client #5's therapy</p>	V 314		
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V 314	<p>Continued From page 10</p> <p>notes revealed: -Former Client #5 received therapy for only five of the ten weeks present at the facility. No therapy was documented for the weeks of 8/2/21, 8/16/21, 8/23/21, 9/6/21 and 9/13/21.</p> <p>Interview on 10/15/21 with Former Client #5's Mother/Legal Guardian revealed: -Former Client #5 did not receive regular therapy sessions due to the facility being on pandemic restrictions.</p> <p>Interview on 10/18/21 with Former Client #5's therapist revealed: -Was responsible for seeing Former Client #5 for weekly individual or family therapy; -Had recently had issues with lack of documentation for therapeutic encounters and had been working to ensure proper documentation was taking place.</p> <p>Interview on 10/28/21 with the Director revealed: -Will follow up to ensure all therapeutic interventions are implemented and documented.</p>	V 314		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force</p>	V 512	<p>Staff #2 and staff #4 were terminated on 11/2/2021. Staff #5 remains on medical leave; however, upon return, the agency will follow through with termination proceedings.</p> <p>As part of the New Hire and orientation process, the agency completes Child and Abuse and neglect policy training which outlines the following:</p> <ul style="list-style-type: none"> • All staff are expected to comply with the North Carolina statutes regarding Child Protection policies. • Any staff who witnesses or has knowledge of abuse, neglect, exploitation, or accidental injury to a client is required to report it. • In accordance with law, all situations involving a reasonable suspicion that child abuse, neglect, exploitation, fraud will be investigated and reported as appropriate to local law enforcement, the Health Care Personnel Registry and DSS Child Protective Services. • If allegations of abuse or neglect are substantiated, staff could face disciplinary action up to and including 	12/10/21

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			<p>termination and civil and criminal penalties.</p> <p>The agency requires staff to complete: Abuse and Clients Right training annually through the Relias training platform which is monitored by the agency training department.</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C 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

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V 512	<p>Continued From page 11</p> <p>necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on interview, record review, and observation, 1 of 7 audited staff (Staff #2) subjected 3 of 4 audited current clients (Clients #1, #3, and #4) to abuse and 2 of 7 audited staff (Staff #4 and #5) failed to protect 3 of 4 audited current clients (Clients #1, #3, and #4) from abuse. The findings are:</p> <p>Review on 10/12/21 of Client #1's record revealed: -Admitted 4/23/21; -11 years old; -Diagnosed with Major Depressive Disorder, Post-Traumatic Stress Disorder, and Oppositional Defiant Disorder.</p> <p>Review on 10/12/21 of Client #3's record revealed: -Admitted 3/10/21; -11 years old; -Diagnosed with Post-Traumatic Stress Disorder, Dysthymic Disorder, and Disruptive Mood Dysregulation Disorder.</p>	V 512	<p>In order to improve competencies of all staff members in the PRTF setting, Alexander Youth Network is implementing a new role, the Learning and Development mentor as of 11/1/2021.</p> <p>The person in this role will be trained in Therapeutic Crisis Intervention (TCI), Neurosequential Model of Therapy (NMT), First Aid, and CPR.</p> <p>The role will serve as a trainer within the milieu who will observe and provide feedback related to competencies consistent with implementation of TCI and agency policies related to abuse and neglect.</p> <p>In addition to providing on the job training, the Learning and Development mentor will report all observed areas of improvement to the staff's direct supervisor.</p> <p>The supervisor will utilize the feedback by incorporating any areas of improvement into the monthly supervisions and/or execute needed corrective actions.</p> <p>PRTF leadership will complete a Child Protection Policy refresher across all shifts, no later than 12/10/21.</p>	
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V 512	<p>Continued From page 12</p> <p>Review on 10/14/21 of Client #4's record revealed:</p> <ul style="list-style-type: none"> -Admitted 6/2/21; -11 years old; -Diagnosed with Disruptive Mood Dysregulation Disorder, Post-Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Child Sexual Abuse, and Child-Parent Relational Problems. <p>Review on 10/12/21 of Staff #2's record revealed:</p> <ul style="list-style-type: none"> -Hired 9/10/18; -Employed as Behavioral Health Counselor; - Trained in Therapeutic Crisis Interventions on 9/30/21. <p>Review on 10/12/21 and 10/14/21 of Staff #4's record revealed:</p> <ul style="list-style-type: none"> -Hired 1/6/20; -Employed as Behavioral Health Counselor; - Trained in Therapeutic Crisis Interventions on 7/29/21. <p>Review on 10/14/21 of Staff #5's record revealed:</p> <ul style="list-style-type: none"> -Hired 8/17/20; -Employed as Behavioral Health Counselor; - Trained in Therapeutic Crisis Interventions on 1/26/21. <p>Review on 10/12/21 of the facility's Incident Reports revealed:</p> <ul style="list-style-type: none"> -Level I incident report completed 10/12/21 at 1:29am revealed an incident with Client #1 on 10/8/21: " ...[Client #1] in Nisbet (facility) stated that her staff [Staff #2] held her in her room on Friday (10/8/21) when she was getting mad, crossed her legs and put her legs over her head and held his arms on her legs so she couldn't move. She stated that her legs hurt and she was held in this position for about 15 mins (minutes). 	V 512		
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V 512	<p>Continued From page 13</p> <p>No other staff were involved and nursing was not aware of any issues with [Client #1] on Friday (10/8/21)..."</p> <p>-There was no restrictive interventions documented for Client #1 during the week of 10/8/21;</p> <p>-A Level III incident report was completed on 10/12/21 regarding an allegation of abuse occurring on 10/8/21 and reported on 10/11/21. The allegation of abuse was reported by Client #1 against Staff #2. The incident reported included notification to the Health Care Personnel Registry.</p> <p>Review on 10/18/21 of the facility's Internal Investigation revealed:</p> <p>-Internal Allegation Review dated 10/11/21 regarding an allegation of abuse of Client #1 by Staff #2;</p> <p>-Client #1 revealed: "Friday (10/8/21) at around dinner time ...staff (Staff #2) pushed me into the corner of the room under a shelf near window (back right corner) ...I attempted to go in another direction ...staff ...bent wrist in the process to stop client assault. Client started crying and was able to get lose this time striking staff in the face ...which caused staff to grasp arm and pushed client to floor. While on the floor client attempted to kick staff then release hand and grabbed ankle and placed them over clients head placing client on her back with legs close to head area. Client was not complaint and fighting staff in which she hit staff again in which staff readjusted and force legs to throat area causing client to lose breath while incident was transpiring ...;"</p> <p>-Staff #4 revealed: "[Staff #2] and [Client #1] got into verbal exchange while activity as being provided. [Staff #2] took [Client #1] into the room in which she was yelling and screaming and did not witness what was going on due to other</p>	V 512	
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V 512	<p>Continued From page 14</p> <p>engagement."</p> <p>-Staff #5 revealed: "When entered the cottage client (Client #1) was displacing sassy behavior and walked into her room and closed her door. [Staff #2] entered the room and I believed he performed a restraint but unsure what occurred inside the room. I heard screaming and loud tones used by client during this time frame. When I exited cottage I did take client on a therapeutic walk to calm down in which she said nothing and passed off to other staff members for supervision purposes."</p> <p>-Staff #2 revealed: "Client (Client #1) was arguing with a peer and asked to enter room. Client entered room and attempted to antagonize peer, staff (Staff #2) then engaged client by stopping conversation from continuing. [Client #1] was instructed to leave peer along and became verbal aggressive with staff, planed ignoring was utilize in efforts to decrease emotional response. Client then went into room and attempting close door several times in which staff did not allow to occur. Staff then had to enter living quarters in which client attempted to harm staff multiple times prior to physical engagement. Staff utilize protective stance to ensure that harm was not induced. Staff then had to hold hands to prevent harm from occurring after several minutes of engagement client was allowed to leave with another staff and communicate on a therapeutic walk." -Results of the investigation were to be determined.</p> <p>Interview on 10/12/21 with Client #1 revealed:</p> <ul style="list-style-type: none"> -Had problems with Staff #2; -Staff #2 was in the bedroom with her; -Her bedroom door was open during the incident; -Staff #2 "...was being dangerous ..."; -Staff #2 twisted "...my wrist back and had my 	V 512	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
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V 512	<p>Continued From page 15</p> <p>feet up over my head when he pushed me down ... on the floor last weekend (10/8/21) and " ...it hurt ..."</p> <p>-Staff #2 also bent or twisted Client #3's wrist and arms;</p> <p>-Told one of the nurses about what happened with Staff #2 a few days after it happened (10/11/21).</p> <p>Interview and Observation on 10/12/21 at approximately 11:45am with Client #3 revealed:</p> <p>- " ...Sometimes [Staff #2] will twist my arm ... [Staff #2] twists my arm when I am upset or acting out or when I am doing something when I am not supposed to or when he wants me to do something and I don't do it...it hurts ...not sure if any other staff see it but thinks [Staff #4] sees it and does not do anything about it because it is a restraint ...;"</p> <p>-Was unable to identify when the last time Staff #2 twisted his arm but it may have been a " ...couple of weeks ago ..."</p> <p>-Staff #2 twisted his arm when he was upset or disobeyed;</p> <p>-Demonstrated how Staff #2 twisted his arm by twisting his own arm at the forearm and putting it behind his back at the middle of his back.</p> <p>Interview on 10/14/21 with Client #4 revealed:</p> <p>-Client #1 was in her room with Staff #2 and Client #1 was yelling "let me go" during a recent incident;</p> <p>-Staff #4 was present during the incident;</p> <p>-Did not see what was happening but heard Client #1;</p> <p>-Staff #4 did not check when Client #1 was yelling because Staff #4 needed to watch the other clients;</p> <p>- " ...[Staff #2] always twists our hands ...[Staff #2] puts our arms behind us and twists our hands ...;"</p>	V 512		
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V 512	<p>Continued From page 16</p> <p>-No other staff twisted clients' arms behind their backs; -Did not think any other staff had seen Staff #2 do this; -" ...One time I was sitting crisscross and I was acting up in my room and [Staff #2] came into my room and he twisted my arm behind my back ..." This happened when Staff #2 instructed her to clean her room but she refused. She was not sure of the date this happened; -Never reported Staff #2 twisted her wrists or arms behind clients' backs; -Staff #2 hurt her when he twisted her hands and arms.</p> <p>Interview on 10/26/21 with Staff #2 revealed: - Client #1 made an allegation of abuse against him after an incident on 10/8/21; -Client #1 grabbed his arm and tried to scratch him; -Held Client #1's arms to walk her (further into the bedroom) to the window; -Never called for a physical restraint intervention order from nursing because he did not complete a physical restraint intervention on Client #1; -" ...It was not a restraint ...[Client #1] was attacking me ..."; -Staff #4 and an additional female floater staff (Staff #5) came to the doorway of the bedroom to observe the interaction between Client #1 and him; -Client #1 fell or dropped to the ground and tried to scratch his wrist so he held Client #1 at her wrists; -Client #1 tried to kick him but was unsuccessful in connecting the kick; -Client #1 sat on the ground and he held her at the wrists as he stood behind Client #1; -Client #1's arms were down below her shoulder height as she sat on the floor while he stood</p>	V 512		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
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<p>V 512</p>	<p>Continued From page 17</p> <p>behind Client #1 and held her arms at her wrists; -Held clients' arms behind their backs if the clients were trying to swing; -Stood behind clients when he held clients' arms behind their backs; -There is no approved physical restraint intervention for staff to bend clients' wrists and would never bend clients' wrists during a restraint; - Never bends clients' wrists during a restraint but only during play; -" ...Not an official restraint but sometimes done when playing with the kids (clients) ..."</p> <p>Interview on 10/21/21 with Staff #4 revealed: -Client #1 was involved in an incident with Staff #2 during which she was verbally aggressive; - Staff #2 went into Client #1's bedroom and left the door open; -Was sitting at the kitchen table eating dinner and could hear Client #1 yelling, cursing, and being disrespectful to Staff #2; -Could not hear Staff #2; -Did not enter Client #1's room during the incident but could hear the incident; -Denied hearing Client #1 yelling she was being hurt by Staff #2; -No restraint was completed on Client #1; -The incident lasted 10 to 15 minutes; -Did not pay much attention to the incident as she was busy at the table with other clients.</p> <p>Interview on 10/21/21 with Staff #5 revealed: - Was working light duty after sustaining an injury in a restraint; -Was assigned to check on the units and perform certain activities throughout her shift; - Recalled being present during an incident between Client #1 and Staff #2 on 10/8/21; -The incident happened around dinner time; -Client #1 was in her room with Staff #2;</p>	<p>V 512</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970</p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____</p>	<p>(X3) DATE SURVEY COMPLETED 10/29/2021</p>	
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V 512	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Could not see into Client #1's bedroom from where she was located; -Did not see anything but could hear Client #1 yelling; -Heard Client #1 yelling "get off of me" and "you are hurting me;" -Assumed Client #1 was being restrained but did not investigate and allowed Staff #2 to handle the incident; -A female staff (Staff #4) was sitting at the desk in the common area; -The female staff (Staff #4) remained at the desk in the common area and later got up and walked through the facility completing other tasks; -Neither staff checked on the interaction between Client #1 and Staff #2; -Would have checked on what was transpiring between Client #1 and Staff #2 if she had not been on light duty after sustaining an injury in a restraint. <p>Interview on 10/21/21 with the facility's Therapeutic Crisis Intervention Instructor revealed:</p> <ul style="list-style-type: none"> -There was no physical restraint intervention which involved bending clients' wrists in any direction or placing clients' arms behind their backs; -Facility policy was for a nurse to be contacted and an order to be called prior to any physical restraint intervention. A nurse must observe all physical restraint interventions and assess client for health and safety concerns. <p>Interview on 10/28/21 with the Director revealed: -</p> <ul style="list-style-type: none"> -Had not yet made an official decision on the internal investigation involving Client #1 and Staff #2 from 10/8/21 because of difficulty obtaining video surveillance of the facility; -Never heard complaints regarding staff bending 	V 512	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2021
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V 512	<p>Continued From page 19</p> <p>clients' wrists or arms behind their backs; -It was unacceptable for any staff to bend clients' wrists or arms behind their backs; -"It (bending clients' wrists or arms) is just not acceptable."</p> <p>Review on 10/29/21 of the Plan of Protection dated 10/29/21 written by the Executive Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? - Upon initial investigation of the allegation, [Staff #2] was suspended. The agency intends to move forward with the termination of the employee, [Staff #2]. -Staff member [Staff #4] has been suspended as of 10/28/21. After review and careful consideration of all documentation and concerns, the agency will move forward with the termination of the employee, [Staff #4]. -Staff member, [Staff #5], has not worked with consumers since 10/11/2021 due to medical leave. After review and careful consideration of all documentation and concerns, the agency will move forward with the termination of the employee, [Staff #5]. -Additionally, the agency will conduct a refresher training on our Child Protection policy for all staff.</p> <p>Describe the plans to make sure the above happens? -The Executive Director and Human Resources will meet with [Staff #2] the week of 11/1/2021 to conduct termination. [Staff #2] will not have contact with any of the children before the termination. -The Executive Director and Human Resources will meet with [Staff #4] the week of 11/1/2021 to conduct termination. [Staff #4] will not have contact with any of the children before the</p>	V 512	
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V 512	<p>Continued From page 20</p> <p>termination.</p> <p>-The Executive Director and Human Resources will meet with [Staff #5] the week of 11/1/2021 to conduct termination. [Staff #5] will not have contact with any of the children before the termination.</p> <p>-The agency will complete the Child Protection policy refresher by 11/30/2021."</p> <p>Clients #1, #3, and #4 are 11 years old and have a variety of mental health diagnoses including, but not limited to, Post-Traumatic Stress Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Bipolar Disorder, and Intermittent Explosive Disorder. Staff #2 bent Clients #1, #3, and #4's wrists and bent their arms behind their backs. Staff #2's actions caused pain to Clients #1, #3, and #4. Client #3 reported Staff #2's actions to Staff #4. Staff #2 admitted to bending clients' wrists and holding clients' arms behind their backs. He explained the latter was only done when playing with the clients. Staff #2 identified that neither action was an approved physical restraint intervention. Furthermore, Staff #2 entered Client #1's bedroom on 10/8/21 and engaged with Client #1 in a manner which caused her pain and discomfort by twisting her arm behind her back and holding her legs above her head while she was on the floor. Despite Client #1 yelling and making statements of being hurt by Staff #2, neither Staff #4 nor Staff #5 investigated what was transpiring nor acted to protect Client #1. This deficiency constitutes a Type A1 rule violation for serious abuse and a failure to protect from serious abuse and must be corrected within 23 days. An administrative penalty of \$1,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of</p>	V 512		
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V 512	Continued From page 21	V 512		
	\$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.			
V 536		V 536	In order to maintain compliance with staff training of Therapeutic Crisis Intervention (TCI) and TCI refreshers, Alexander Youth Network PRTF will:	12/10/2021
	27E .0107 Client Rights - Training on Alt to Rest. Int.		<ul style="list-style-type: none"> Audit the staff training files to determine which staff are missing their annual refresher and get them current on their trainings. 	
	10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS		<ul style="list-style-type: none"> Offer monthly training opportunities for TCI refreshers which includes the written and physical component with a minimum of 3 time slots which will include: 8am, 3pm, and 4pm on the identified training day for each month, with the last on being held on December 2, 2021. 	
	(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.		<ul style="list-style-type: none"> PRTF Supervisors and Training Department will track attendance and monitor and ensure that all staff attend TCI refresher trainings as required. Compliance will be reported to Executive Director for follow up and accountability as needed. If justification for non-compliance is inadequate corrective actions will be taken. TCI trainings completion will be tracked by utilizing the internal training software, Relias. Attendance and completion will be tracked by the training department and entered into each staffs training transcript. 	
	(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.		<ul style="list-style-type: none"> In order to improve competencies of all staff members in the PRTF setting, Alexander Youth Network has implemented a new role, the Learning and Development Mentor as of 11/1/2021. 	
	(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.		<ul style="list-style-type: none"> The person in this role has been trained in Therapeutic Crisis Intervention (TCI), Neurosequential Model of Therapy (NMT), First Aid, and CPR. 	
	(d) 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.		<ul style="list-style-type: none"> The role will serve as a trainer within the milieu who will observe and provide feedback related to competencies consistent with implementation of TCI in the moment and as needed. 	
	(e) Formal refresher training must be completed by each service provider periodically (minimum annually).		<ul style="list-style-type: none"> In addition to providing on the job training, the Learning and Development 	
	(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.			
	(g) Staff shall demonstrate competence in the			

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			<p>Mentor will report all observed areas of improvement to the staff's direct supervisor.</p> <ul style="list-style-type: none"> The supervisor will utilize the feedback by incorporating any areas of improvement into the monthly supervisions and/or execute needed corrective actions. 	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C 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

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V 536	<p>Continued From page 22</p> <p>following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p> <p>(2) recognizing and interpreting human behavior;</p> <p>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</p> <p>(4) strategies for building positive relationships with persons with disabilities;</p> <p>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</p> <p>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</p> <p>(7) skills in assessing individual risk for escalating behavior;</p> <p>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</p> <p>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</p> <p>(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> <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 Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program</p>	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C 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

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V 536	<p>Continued From page 23</p> <p>aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) 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>(4) 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 (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner; (B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years. (j) 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</p>	V 536		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021	
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C THERMAL ROAD CHARLOTTE, NC 28211		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT			STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C THERMAL ROAD CHARLOTTE, NC 28211		
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<p>V 536</p>	<p>Continued From page 25</p> <p>Interview on 10/18/21 with the Director revealed: - Staff #1 and Staff #6 were scheduled to attend a refresher course in alternatives to restrictive intervention training on 10/28/21.</p> <p>Interview on 10/28/21 with the Director revealed: - Staff #1 and Staff #6 participated in training today; -Will ensure all staff receive annual re-certification training in alternatives to restrictive intervention.</p>	<p>V 536</p>		
<p>V 537</p>	<p>27E .0108 Client Rights - Training in Sec Rest & 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</p>	<p>V 537</p>	<p>In order to maintain compliance with staff training of Therapeutic Crisis Intervention (TCI) and TCI refreshers, Alexander Youth Network PRTF will:</p> <ul style="list-style-type: none"> • Audit the staff training files to determine which staff are missing their annual refresher and get them current on their trainings. • Offer monthly training opportunities for TCI refreshers which includes the written and physical component with a minimum of 3 time slots which will include: 8am, 3pm, and 4pm on the identified training day for each month, with the last on being held on December 2, 2021. • PRTF Supervisors and Training Department will track attendance and monitor and ensure that all staff attend TCI refresher trainings as required. Compliance will be reported to Executive Director for follow up and accountability as needed. If justification for non-compliance is inadequate corrective actions will be taken. TCI trainings completion will be tracked by utilizing the internal training software, Relias. Attendance and completion will be tracked by the training department and entered into each staffs training transcript. • In order to improve competencies of all staff members in the PRTF setting, Alexander Youth Network has implemented a new role, the Learning and Development Mentor as of 11/1/2021. 	<p>12/10/2021</p>

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- The person in this role has been trained in Therapeutic Crisis Intervention (TCI), Neurosequential Model of Therapy (NMT), First Aid, and CPR.
- The role will serve as a trainer within the milieu who will observe and provide feedback related to competencies consistent with implementation of TCI in the moment and as needed.
- In addition to providing on the job training, the Learning and Development Mentor will report all observed areas of improvement to the staff's direct supervisor.
- The supervisor will utilize the feedback by incorporating any areas of improvement into the monthly supervisions and/or execute needed corrective actions.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C 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

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V 537	<p>Continued From page 26</p> <p>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 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</p>	V 537		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNIT		STREET ADDRESS, CITY, STATE, ZIP CODE 6220-C THERMAL ROAD CHARLOTTE, NC 28211	
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V 537	<p>Continued From page 27</p> <p>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 (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>	V 537		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
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V 537	<p>Continued From page 28</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>(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>	V 537		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-970	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/29/2021
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V 537	Continued From page 29	V 537		
	<p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure staff were trained in seclusion, physical restraint and isolation time-out affecting 2 of 7 audited staff (Staff #1 and #6). The findings are:</p> <p>Review on 10/12/21 of Staff #1's record revealed: -Hired 7/20/20; -Employed as Behavioral Health Counselor; -Training in seclusion, physical restraint and isolation time-out expired 7/28/21.</p> <p>Review on 10/18/21 of Staff #6's record revealed: -Hired 1/29/06; -Employed as Behavioral Health Counselor; -Training in seclusion, physical restraint and isolation time-out expired 7/22/20.</p> <p>Interview on 10/18/21 with the Director revealed: - Staff #1 and Staff #6 were scheduled to attend a refresher course in seclusion, physical restraint and isolation time-out on 10/28/21.</p> <p>Interview on 10/28/21 with the Director revealed: - Staff #1 and Staff #6 participated in training today; -Will ensure all staff receive annual re-certification training in seclusion, physical restraint and isolation time-out.</p>			