PRINTED: 03/25/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-969			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED 03/18/2022		
		B. WING					
AME OF PF	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
LEXAND	ER YOUTH NETWORK	· OAK UNIT PRTF	HERMAL ROAD DTTE, 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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	BE COMPLE	
V 000	INITIAL COMMENTS		V 000				
	An annual, complaint and follow up survey was completed on 3/18/22. The complaint was unsubstantiated (Intake #NC 00185089). Deficiencies were cited.						
	The facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.						
		ed for 6 and currently has a vey sample consisted of ents.					
V 750	27G .0304(b)(3) Maintenance of Elec., Mech., & Water Systems		V 750				
	EQUIPMENT (b) Safety: Each fact constructed and equi ensures the physical visitors.	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and nechanical and water					
	condition. This Rule is not met Based on observatio	as evidenced by: n and interview the facility					
	failed to ensure elect systems were mainta The findings are:	rical and mechanical ined in operating conditions.					
	Observations on 3/9/ 12:27pm revealed: - Smoke detector wa of client #1's bedroor	s missing front cover outside					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHI 060-969					
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE		03/18/2022		
	ER YOUTH NETWORK	6220-A 1	THERMAL ROAD				
		CHARLO	OTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	SHOULD BE COMPLE	
V 750	Continued From page 1		V 750				
	- There were no batteries in smoke detector.						
	Interview on 3/9/22 with the Supervisor revealed: - Unaware the front cover of the smoke detector was missing; - Didn't know how long the front cover of smoke detector was missing.						
	Interview on 3/18/22 with the Program Director revealed: - Was unaware the front cover was missing; - Didn't know how long it was missing; - Staff was not aware it was missing; - Reported it is now fixed at exit interview.						

2T2P11