

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow up survey was completed on 4/12/22. The complaint was substantiated (NC 00185651). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NACA 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 6 beds and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 131	<p><b>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</b></p> <p><b>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</b> (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to access the Health Care Personnel Registry (HCPR) prior to offer of employment affecting 1 of 3 audited staff (staff #2). The findings are:</p> <p>Review on 3/25/22 of staff #2's personnel record revealed:</p>	V 131		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>04/12/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 131	Continued From page 1  - Date of hire 12/6/21; - HCPR dated 3/25/22.  Interview on 3/25/22 with the Program Director: - Wasn't aware the HCPR had not been completed; - Human Resources completed HCPR.	V 131		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff  10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure at least two direct care staff members shall be present with every six children or adolescents in each residential unit.	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 2</p> <p>The findings are:</p> <p>Record review on 3/23/22 of client #1's record revealed: - Admission date 11/1/21; - Age 9; - Diagnoses Post Traumatic Stress Disorder, unspecified; Attention-Deficit Hyperactivity Disorder, Combined Type; Disruptive Mood Dysregulation Disorder; Mild Intellectual Disabilities; Specific Reading Disorder; Mathematics Disorder; Disorder of Written Expression; Disinhibited Attachment Disorder of Childhood.</p> <p>Record review on 3/23/22 of client #2's record revealed: - Admission date 10/27/21; - Age 9; - Diagnoses Disruptive Mood Dysregulation Disorder; Attention Deficit/Hyperactivity Disorder, Combined Type; Other Specified Trauma and Stressor Related Disorder.</p> <p>Record review on 3/23/22 of client #3's record revealed: -Admission date 2/4/22; -Age 8; -Diagnoses Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Combined Type; Post Traumatic Stress Disorder.</p> <p>Record review on 3/25/22 and 3/31/22 of staffing schedule from December 2021- March 2022 revealed: - There were three shifts- 8am-12am,4pm-12am and 12am-8am; - There was no consistency in the schedule to show that two people worked each shift; - No documentation of supervisors filling in on</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 3</p> <p>shifts.</p> <p>Interview on 3/23/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>- There was only one staff working during the last incident of him chipping his tooth;</li> <li>- Two staff have worked together since the incident.</li> </ul> <p>Interview on 3/23/22 with client #3 revealed:</p> <ul style="list-style-type: none"> <li>- There was only one staff working during the night shift</li> </ul> <p>Interview on 3/24/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> <li>- Date of hire 12/6/21;</li> <li>- Worked alone with clients for 30 minutes or longer;</li> <li>- Left alone with clients while other staff handle various task;</li> <li>- No incidents have occurred while working alone with clients.</li> </ul> <p>Interview on 3/29/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>- Date of Hire 6/4/21;</li> <li>- Worked 3-4 hours alone with clients;</li> <li>- The agency is "short staff";</li> <li>- No incidents occurred while working alone with clients.</li> </ul> <p>Interview on 3/29/22 with former staff #6 revealed:</p> <ul style="list-style-type: none"> <li>- "Several times I ended up working alone because we were short staff there.";</li> <li>- "A lot of times I worked by myself.";</li> <li>- "Another staff was called if I had to do a restraint.";</li> <li>- "I quit about two weeks ago because shortage of staff.";</li> <li>- "There is no way that place(facility) can continue to function like that."</li> <li>- "The kids are not getting consistency.";</li> </ul>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 4</p> <ul style="list-style-type: none"> <li>- "They hire young people who are PRN(as needed) who have power struggles with the kids.";</li> <li>- "They have an excellent vision, but they are short of staff."</li> </ul> <p>Interview on 3/23/22, 3/25/22 and 3/31/22 with the Program Director revealed:</p> <ul style="list-style-type: none"> <li>- No incidents have happened in the unit due to a staffing issue;</li> <li>- "OnShift application(app)" is used for staff scheduling;</li> <li>- Two staff are scheduled for each shift;</li> <li>- "First shift don't really use app.";</li> <li>- " Second shift, third shift and weekend staff use the app."</li> <li>- "When one staff is unable to work their name comes off for that shift on the scheduling app."</li> <li>- "A message is sent to all staff indicating available shifts."</li> <li>- "The staff that worked the shift name should be added to the schedule."</li> <li>- Staff are not putting information into app;</li> <li>- Supervisors have been filling in shifts;</li> <li>- "Nurses have come and sit in unit until someone come in to help staff.";</li> <li>- "We all have been working in rotation due to staff shortage."</li> </ul> <p>Review on 4/7/22 of the first Plan of Protection written by the Executive Director dated 4/7/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>Management at psychiatric residential treatment facility(PRTF) take very seriously, the staffing ratio of each cottage.</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 5</p> <p>Effective today, PRTF supervisors will begin reviewing the agency attendance policy with all Behavioral Health Counselors (BHCs), which include: arrival to shift on-time and not departing prior to the arrival of the next shift as well as maintaining ratio requirements. Review of expectations will begin today through the end of April 2022.</p> <p>PRTF supervisors will also review general work rules with BHCs to include: all cottages must have 2 staff at all times(no leaving to go to personal vehicle, cafeteria for personal needs) and BHCs must utilize walkie talkie devices to request support staff assistance prior to leaving out of cottage.</p> <p>The PRTF supervisor for each shift will confirm verbally or face to face that each cottage is sufficiently staffed. If a PRTF supervisor identifies that a cottage is not sufficiently covered, then the PRTF supervisor will provide coverage, until additional staff can arrive on campus.</p> <p>Describe your plans to make sure the above happens.</p> <p>The Executive Director will confirm the review of the above information with BHCs via review of the individual and/or group supervisions.</p> <p>The PRTF supervisors will notify the Executive director and Vice President of Residential Services when there is a lack of coverage.</p> <p>PRTF management will work with other AYN agency service lines to acquire additional staff to work in coverage</p> <p>Additionally, Human Resources department has implemented continuous recruitment efforts.</p> <p>Furthermore, the training department is now facilitating orientation 2x per month to allow staff to get trained and onto the milieu in a more effective manner."</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 6</p> <p>Review on 4/11/22 of the second Plan of Protection written by Executive Director dated 4/8/22 revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>Management at psychiatric residential treatment facility take very seriously, the staffing ratio of each cottage.</p> <p>The Executive Director will re-train program supervisors on the following policies: ratio, scheduling, supervision, and attendance. The program supervisors will re-train Behavior Health Counselors on the following policies: ratio, supervision, and attendance. PRTF supervisors will also review general work rules with BHCs to include: all cottages must have 2 staff at all times (no leaving to go to personal vehicle, cafeteria for personal needs) and BHCs must utilize walkie talkie devices to request support staff assistance prior to leaving out of the cottage. The PRTF supervisor for each shift will confirm verbally or face to face that each cottage is sufficiently staffed. Additionally, PRTF supervisors will verify that cottage coverage and OnShift scheduling are consistent. PRTF supervisors will update OnShift daily to reflect any changes within the scheduling (ie sick staff, staff cottage switch, etc). The Executive Director will verify daily that OnShift has been updated and all shifts are covered. If a PRTF supervisor identifies that a cottage is not sufficiently covered, then the PRTF supervisor will provide coverage, until additional staff can arrive on campus.</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 7</p> <p>Describe your plans to make sure the above happens.</p> <p>The agency utilizes OnShift, which is a web-based staff scheduling and labor management software which is designed to assist the agency with addressing and managing staffing related concerns. The agency has identified a process issue with use of OnShift. Therefore, additional training to enhance PRTF management understanding of Onshift and improve staff ability to operate and navigate the OnShift system will take place by April 30, 2022. Effective use of the OnShift application will simplify scheduling and assist proactively identifying ratio concerns, so that it can be resolved immediately.</p> <p>The Executive Director will confirm the review of the above information with BHCs via review of individual and/or group supervisions.</p> <p>The PRTF supervisors will notify the Executive Director and Vice President of Residential Services when there is a lack of coverage. PRTF management will work with other AYN agency service lines to acquire additional staff to work in coverage.</p> <p>Additionally, Human Resources department has implemented continuous recruitment efforts. Furthermore, the training department is now facilitating orientation 2x per month to allow staff to get trained and onto the milieu in a more effective manner. "</p> <p>The facility is a 1900 and they do not have the required staffing. The unit consist of 6 clients with high risk behaviors and diagnoses such as Post Traumatic Stress Disorder, Mood</p>	V 315		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-970</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/12/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - NISBET UNI'</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-C THERMAL ROAD</b> <b>CHARLOTTE, NC 28211</b>
--	---

(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 315	<p>Continued From page 8</p> <p>Dysregulation Disorder and Attention Deficit Hyperactivity Disorder. Client #1 has a history of banging his head causing his tooth to chip. The provider is using a system call Onshift, which is a web-based application used for staff scheduling. The first shift staff are not using the system. The other staff are not using the system correctly. There is no evidence that the provider is following staff/client ratio. Staff and clients have made statements about the staff/client ratio not being adhered to all the time. There is no way to tell that the provider is able to ensure safety of the clients who require supervision and specialized interventions on a 24-hour basis due to their high risk behaviors.</p> <p>This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.</p>	V 315		