Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION		IDENTIFICATION NON	/IBEK:	A. BUILDING: _		COMP	LETED			
	w.b.1000.070		B. WING			0.5/0.4/0.00				
		mhl060-972		5:		05	04/2022			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
ALEXAND	ER YOUTH NETWORK -	DICKSON UNIT		IERMAL ROAI TE, NC 28211	)					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENTS			V 000						
	A complaint survey was completed on 5/4/22. The complaint was unsubstantiated(Intake #188108). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.									
This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 1 former client.										
V 110	27G .0204 Training/S Paraprofessionals	Supervision		V 110						
	10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS  (a) There shall be no privileging requirements for paraprofessionals.  (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.  (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.  (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:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and									

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		mhl060-972	B. WING		0:	5/04/2022
	ROVIDER OR SUPPLIER	- DICKSON UNIT	EET ADDRESS, CITY, STAT 0 - B THERMAL ROAD ARLOTTE, NC 28211			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			(X5) COMPLETE DATE
V 110	Continued From page 1  (7) clinical skills.  (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.		V 110			
	This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff demonstrated knowledge, skills and abilities required by the population served for 1 of 3 staff(#1). The findings are:					
	revealed: -hire date of 3/22/21; -job title of Behaviora -documentation of co trainings present in the TCI(Therapeutic Crising NMT(Neurosequentia Clinical Integration of	al Health Counselor(BHC); empletion in the required ne record including				
	revealed: -was FC#4's therapis -started working with -therapy was through PRTF(Psychiatric Reprogram;	FC#4 in Jan 2022; In the Intensive Insidential Treatment Facility) Inmily therapy once a week				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		1 ' '	(X3) DATE SURVEY COMPLETED	
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mhl060-972		mhl060-972	B. WING		05	/04/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓE, ZIP CODE			
ALEXAND	DER YOUTH NETWORK -	DICKSON UNIT	HERMAL ROAD	)			
			TTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 110	10 Continued From page 2		V 110				
	-provided individual the week; -FC#4 never express staff in the cottage dutherapy; -FC#4 expressed to a was able to talk with a therapy session; -she reported staff#1 PTSD(Post Traumation when he was in combound in the would have	ed any concerns about any uring individual or family another staff her concerns; FC#4 about her concerns in had been sharing about his c Stress Disorder) about pat in another country at war a nightmare; as as his way to empathize					
	Review on 4/29/22 of a therapy note dated 4/12/22 completed by FC#4's therapist revealed the following: -4/12/22 individual therapy; -FC#4 had concerns about a 3rd shift staff(staff #1); -FC#4 said she overheard him saying she was crazy and she would hurt herself or others; -he talked about his combat PTSD with her when she woke up at night after a nightmare and it made her feel uncomfortable; -went over boundaries with her ands ways to tell adults when she did not feel comfortable or did not want to talk about it.  Interview on 4/29/22 with staff #3 revealed: -FC#4 reported to staff #3 her concerns regarding staff #1; -FC#4 reported she overheard him talking to another staff member and said she was crazy and he knows her background and she could or would hurt herself or someone else; -FC#4 said she got upset and went to her room -FC#4 stated staff #1 came in her room and knocked on her bathroom door and asked to talk						

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	PLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE			
ALEXAND	DER YOUTH NETWORK -	DICKSON UNIT	THERMAL ROAL	)			
	T		TTE, NC 28211			T	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Continued From page	e 3	V 110				
	sit on couch and he to he told FC#4 he was PTSD; -FC#4 also said he go along with them but of Interview on 4/29/22 -"he(staff #1) was like	s in the military and had  ave her hugs and she went lid not feel comfortable.  with client #2 revealed:					
	-"he would talk weird;" -"he would say he was your therapist even though he was not;" -"he would say what he did in the war;" -"said this to a bunch of us;" -he talked about what he did when he was in war; -"I am a child, I do not need to know about war and murder;" -"really weird and uncomfortable."						
	past the night before -"he would talk about -"said he had PTSD f -"said he was in [ano -"killing people and si	towards me;" vas crazy and he knew her his trauma" from combat" ther country at war]" tuff" to to sleep because he had					
	Interview on 5/3/22 with staff #1 revealed: -worked at the facility since 5/23/21; -worked 3rd shift at night from 12pm-8am; -job duties included monitor the clients during the night, get clients up at 7:30am, make sure they did their hygiene and breakfast and get them ready for first shift; -FC#4 did have nightmares and would wake up						

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		mhl060-972	B. WING		0.5	5/04/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE	1 3	<u> </u>
ΔΙ ΕΥΔΝΓ	DER YOUTH NETWORK -	DICKSON LINIT	B THERMAL ROAD			
ALLXAND	EK TOOTH NETWORK -	CHARL	OTTE, NC 28211			
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V 110	Continued From page	e 4	V 110			
	to bed and he would of throughout the night to "we had a good rappe". I would mention cert I would tell them about but I didn't talk about Interview on 5/4/22 w revealed: -determined staff #1 w of malice towards cliedestaff #1 was trying to clients by sharing hisdestaff #1 had been trait the NMT and TCI train	and then tell her to go back check on her periodically to make sure she was ok; fort, we would talk;" tain things, I was in combat, at having trouble sleeping anything inappropriate."  ith the Executive Director was not doing anything out ents; to establish rapport with trauma history; ined in boundaries through				
V 131	Verification  G.S. §131E-256 HEA REGISTRY (d2) Before hiring hea health care facility or health care facility sha	ACPR - Prior Employment  ALTH CARE PERSONNEL  Alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.	V 131			
	This Rule is not met a	as evidenced by: riew and interview, the				

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		mhl060-972	B. WING		05	5/04/2022
	ROVIDER OR SUPPLIER  DER YOUTH NETWORK -	DICKSON UNIT 6220 - B T	DDRESS, CITY, STA  THERMAL ROAI  TTE, NC 28211			
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V 131	facility failed to acces Registry(HCPR) prior The findings are:  Review on 4/29/22 of -hire date of 1/20/22; -job title of Behaviora -the HCPR was acces Interview on 4/29/22 of revealed: -checked with the HR Department regarding check for staff #3; -was informed that was they had for staff #3.  Further interview on 5 Director revealed: -HR(Human Resource catch-up;" -HR staff a new team -HR staff trying to fix	s the Health Care Personnel to hire for 1 of 3 staff(#3).  staff #3's record revealed:  Health Counselor(BHC); ssed on 4/28/22.  with the Executive Director  (Human Resources) g the date of the HCPR  as the only HCPR check  5/4/22 with the Executive  es) staff "playing a lot of ;	V 131			

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