

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 C 04/12/2022
NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK - NISBET UNI			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>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	<p>DHSR - Mental Health</p> <p>MAY 13 2022</p> <p>Lic. & Cert. Section</p>		
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY</p> <p>(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	<p>Human resources (HR) is responsible for HCPR checks when a potential employee has received their conditional job offer. Prior to their identified start date background checks, driving records and HCPR checks are completed. Upon completion of a satisfactory background check, these are then conducted on an annual basis.</p> <p>The agency identified inconsistency in this process during the rebuilding of the entire HR department.</p> <p>On 4/28/22 a meeting occurred with HR personnel staff, the VP of Human Resources and the Performance Improvement Manager to discuss the agency's current practice as it relates to completion of HCPR. It was identified that the current practice is efficient and the identified error was only due to a complete change of all HR personnel.</p>	5/23/22	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

TTBJ11

EXECUTIVE DIRECTOR 5-10-22

If continuation sheet 1 of 9

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NAME OF PROVIDER OR SUPPLIER

ALEXANDER YOUTH NETWORK - NISBET UNI

STREET ADDRESS, CITY, STATE, ZIP CODE

6220-C THERMAL ROAD**CHARLOTTE, NC 28211**

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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	The Executive Director will re-train program supervisors on the following policies: ratio, scheduling, supervision, and attendance. This training took place with the supervisors on 4.27.22. The program supervisors will re-train Behavior Health Counselors on the following policies: ratio, supervision, and attendance. Supervisors completed the training across shifts on 5/1/22 and 5/2/22. 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	5/23/22

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.

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. The most recent agency orientation was completed on 5/4/22. PRTF had 5 new Behavioral health Counselors (BHCs) begin on the job training on 5/5/22 and are scheduled to begin regular shifts as of 5/9/22. Furthermore, PRTF has 8 BHCs scheduled for orientation beginning on 5/12/2022.

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V 315	Continued From page 2	V 315	
<p>The findings are:</p> <p>Record review on 3/23/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 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>Record review on 3/23/22 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 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>Record review on 3/23/22 of client #3's record revealed:</p> <ul style="list-style-type: none"> -Admission date 2/4/22; -Age 8; -Diagnoses Generalized Anxiety Disorder, Attention Deficit Hyperactivity Disorder, Combined Type; Post Traumatic Stress Disorder. <p>Record review on 3/25/22 and 3/31/22 of staffing schedule from December 2021- March 2022 revealed:</p> <ul style="list-style-type: none"> - 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 			

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

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CHARLOTTE, NC 28211

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V 315

Continued From page 4

- "They hire young people who are PRN(as needed) who have power struggles with the kids.";
- "They have an excellent vision, but they are short of staff."

Interview on 3/23/22, 3/25/22 and 3/31/22 with the Program Director revealed:

- No incidents have happened in the unit due to a staffing issue;
- "OnShift application(app)" is used for staff scheduling;
- Two staff are scheduled for each shift;
- "First shift don't really use app.";
- "Second shift, third shift and weekend staff use the app."
- "When one staff is unable to work their name comes off for that shift on the scheduling app."
- "A message is sent to all staff indicating available shifts."
- "The staff that worked the shift name should be added to the schedule."
- Staff are not putting information into app;
- Supervisors have been filling in shifts;
- "Nurses have come and sit in unit until someone come in to help staff.";
- "We all have been working in rotation due to staff shortage."

Review on 4/7/22 of the first Plan of Protection written by the Executive Director dated 4/7/22 revealed:

"What immediate action will the facility take to ensure the safety of the consumers in your care?"

Management at psychiatric residential treatment facility(PRTF) take very seriously, the staffing ratio of each cottage.

V 315

Division of Health Service Regulation

PRINTED: 04/26/2022
FORM APPROVED

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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			

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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.</p> <p>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.</p> <p>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).</p> <p>The Executive Director will verify daily that OnShift has been updated and all shifts are covered.</p> <p>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			

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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. 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 faciltiy 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			

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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		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

April 29, 2022

Xavier Dunbar, Program Director
Alexander Youth Network
6220 Thermal Road
Charlotte, NC 28211

DHSR - Mental Health

MAY 13 2022

Lic. & Cert. Section

Re: Complaint and Follow Up Survey completed April 12, 2022
Alexander Youth Network-Nisbet Unit 6220-C Thermal Rd. charlotte NC 28211
MHL # 060-970
E-mail Address: xdunbar@aynkids.org
Intake # NC00185651

Dear Mr. Dunbar:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed April 12, 2022. The complaint was substantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Type B rule violation is cited for 10A NCAC 27G .1902 Staff (V315).
- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Type B violation must be **corrected** within 45 days from the exit date of the survey, which is May 27, 2022. Pursuant to North Carolina General Statute § 122C-24.1, failure to correct the enclosed deficiency by the 45th day from the date of the survey may result in the assessment of an administrative penalty of

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

April 29, 2022
Alexander Youth Network-Nisbet Unit
Xavier Dunbar

\$200.00 (Two Hundred) against Alexander Youth Network for each day the deficiency remains out of compliance.

- Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is June 11, 2022.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,

Aja Waller

Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSR@Alliancebhc.org
QM@partnersbhm.org
dhhs@vayahealth.com
Pam Pridgen, Administrative Supervisor