

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  mhl060-972	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/04/2022
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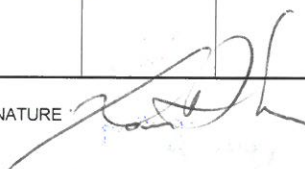
NAME OF PROVIDER OR SUPPLIER  ALEXANDER YOUTH NETWORK - DICKSON UNIT	STREET ADDRESS, CITY, STATE, ZIP CODE 6220 - B THERMAL ROAD CHARLOTTE, NC 28211
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 5/4/22. The complaint was unsubstantiated(Intake #188108). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 1 former client.</p>	V 000	<p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">MAY 27 2022</p> <p style="text-align: center;">Lic. &amp; Cert. Section</p>	
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.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> </ol>	V 110		<p>Upon identifying the reported concerns, the staff member involved was suspended during the course of the investigation. Through conducting an internal investigation, the agency identified a need for additional training to address therapeutic boundaries.</p> <p>As a result, the agency has scheduled the following training: Therapeutic Boundaries. This training is designed to define therapeutic boundaries, boundary crossing and violations, avoiding boundary violations, and boundaries within social media. The training will be completed no later than June 12, 2022.</p>

Division of Health Service Regulation

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



TITLE EXECUTIVE DIRECTOR

(X6) DATE

5-25-22

Division of Health Service Regulation

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V 110	<p>Continued From page 1</p> <p>(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.</p> <p>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:</p> <p>Review on 4/29/22 of staff #1's personnel record revealed: -hire date of 3/22/21; -job title of Behavioral Health Counselor(BHC); -documentation of completion in the required trainings present in the record including TCI(Therapeutic Crisis Interventions), NMT(Neurosequential Model of Therapeutics), Clinical Integration of Special Populations, Developmental Stages of Children and Calming Children in Crisis.</p> <p>Interview on 4/29/22 with FC#4's therapist revealed: -was FC#4's therapist; -started working with FC#4 in Jan 2022; -therapy was through the Intensive PRTF(Psychiatric Residential Treatment Facility) program; -also did in person family therapy once a week with FC#4 and her family;</p>	V 110		

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V 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-provided individual therapy with FC#4 once a week;</li> <li>-FC#4 never expressed any concerns about any staff in the cottage during individual or family therapy;</li> <li>-FC#4 expressed to another staff her concerns;</li> <li>-was able to talk with FC#4 about her concerns in a therapy session;</li> <li>-she reported staff#1 had been sharing about his PTSD(Post Traumatic Stress Disorder) about when he was in combat in another country at war when she would have a nightmare;</li> <li>-FC#4 interpreted this as his way to empathize and but she said it was not helpful.</li> </ul> <p>Review on 4/29/22 of a therapy note dated 4/12/22 completed by FC#4's therapist revealed the following:</p> <ul style="list-style-type: none"> <li>-4/12/22 individual therapy;</li> <li>-FC#4 had concerns about a 3rd shift staff(staff #1);</li> <li>-FC#4 said she overheard him saying she was crazy and she would hurt herself or others;</li> <li>-he talked about his combat PTSD with her when she woke up at night after a nightmare and it made her feel uncomfortable;</li> <li>-went over boundaries with her and ways to tell adults when she did not feel comfortable or did not want to talk about it.</li> </ul> <p>Interview on 4/29/22 with staff #3 revealed:</p> <ul style="list-style-type: none"> <li>-FC#4 reported to staff #3 her concerns regarding staff #1;</li> <li>-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;</li> <li>-FC#4 said she got upset and went to her room</li> <li>-FC#4 stated staff #1 came in her room and knocked on her bathroom door and asked to talk</li> </ul>	V 110		

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V 110	<p>Continued From page 3</p> <p>to her; -FC#4 reported staff #1 then asked her to come sit on couch and he talked to her; -he told FC#4 he was in the military and had PTSD; -FC#4 also said he gave her hugs and she went along with them but did not feel comfortable.</p> <p>Interview on 4/29/22 with client #2 revealed: -"he(staff #1) was like kinda weird;" -"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."</p> <p>Interview on 5/2/22 with FC#4 revealed: -staff #1 was "creepy towards me;" -he was saying she was crazy and he knew her past the night before -"he would talk about his trauma" -"said he had PTSD from combat" -"said he was in [another country at war]" -"killing people and stuff" "he said he couldn't go to sleep because he had nightmares" -made her feel uncomfortable.</p> <p>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</p>	V 110		

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V 110	Continued From page 4  and stand in her doorway; -he would talk to her and then tell her to go back to bed and he would check on her periodically throughout the night to make sure she was ok; -"we had a good rapport, we would talk;" -"I would mention certain things, I was in combat, I would tell them about having trouble sleeping but I didn't talk about anything inappropriate."  Interview on 5/4/22 with the Executive Director revealed: -determined staff #1 was not doing anything out of malice towards clients; -staff #1 was trying to establish rapport with clients by sharing his trauma history; -staff #1 had been trained in boundaries through the NMT and TCI training; -staff #1 did not display good boundaries in this situation,	V 110		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification  G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (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.  This Rule is not met as evidenced by: Based on records review and interview, the	V 131	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.  The agency identified inconsistency in this process during the rebuilding of the entire HR department.  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.	6/1/2022

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V 131	Continued From page 5  facility failed to access the Health Care Personnel Registry(HCPR) prior to hire for 1 of 3 staff(#3). The findings are:  Review on 4/29/22 of staff #3's record revealed: -hire date of 1/20/22; -job title of Behavioral Health Counselor(BHC); -the HCPR was accessed on 4/28/22.  Interview on 4/29/22 with the Executive Director revealed: -checked with the HR(Human Resources) Department regarding the date of the HCPR check for staff #3; -was informed that was the only HCPR check they had for staff #3.  Further interview on 5/4/22 with the Executive Director revealed: -HR(Human Resources) staff "playing a lot of catch-up;" -HR staff a new team; -HR staff trying to fix things; -surprised the HCPR was late for staff #3 who was hired this year.	V 131		





NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
KODY H. KINSLEY • Secretary  
MARK PAYNE • Director, Division of Health Service Regulation

May 6, 2022

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

DHSR - Mental Health

MAY 27 2022

Lic. & Cert. Section

Re: Complaint survey completed 5/4/22  
Alexander Youth Network-Dickson Unit, 6220-B Thermal Road, Charlotte, NC 28211  
MHL # 060-972  
E-mail Address: xdunbar@aynkids.org  
Intake #188108

Dear Mr. Dunbar:

Thank you for the cooperation and courtesy extended during the complaint survey completed May 4, 2022. The complaint was unsubstantiated. Deficiencies were cited.

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**

- All tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Standard level deficiencies must be corrected within 60 days from the exit of the survey, which is July 3, 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.

**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

May 6, 2022  
Alexander Youth Network  
Xavier Dunbar

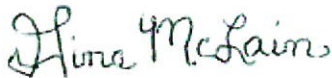
Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

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,



Gina McLain  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [DHSR@Alliancebhc.org](mailto:DHSR@Alliancebhc.org)  
[QM@partnersbhm.org](mailto:QM@partnersbhm.org)  
[\\_DHSR\\_Letters@sandhillscenter.org](mailto:_DHSR_Letters@sandhillscenter.org)  
Pam Pridgen, Administrative Assistant