STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			D WING			
		MHL0601117	B. WING		12/12/2022	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
ALEXAND	ER YOUTH NETWORK -	ELM UNIT	THERMAL ROAD OTTE, NC 28211			
	CHIMMADV CT	ATEMENT OF DEFICIENCIES	,	DDOVIDEDIS DI ANI OF CODDECTIO	ANI (ME)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	completed on Decem					
	This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.					
		d for 6 and currently has a ey sample consisted of ents, 3 former clients.				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	- ·					
	(2) cultural awarenes(3) analytical skills;(4) decision-making;					

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

(X6) DATE TITLE

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
		MHL0601117	B. WING		12/	12/2022	
NAME OF P	ROVIDER OR SUPPLIER	STRI	EET ADDRESS, CITY, STA	TE, ZIP CODE			
ALEXAND	ER YOUTH NETWORK -	ELM UNIT	D-D THERMAL ROAD ARLOTTE, 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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	develop and impleme for the initiation of the plan upon hiring each	lls; skills; and dy for each facility shall ent policies and procedures e individualized supervision n paraprofessional.	V 110				
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure 1 of 2 audited paraprofessional staff (staff #2), and 2 Former staff (FS) #4, #5) demonstrate the knowledge, skill and abilities required by the population served. The findings are:						
	revealed: - Hire date 12/5/16 - Job title- Behavioral - Termination date 9/2 Review on 12/6/22 of revealed: - Hire date 8/6/21 - Job title Behavioral - Termination date 9/2 Review on 12/6/22 of labeled Client Intervier	20/22 Former Staff #5's record Health Counselor					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601117		B. WING		1:	2/12/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
AL EVAND	NED VOLITH NETWORK	EL M LINIT	6220-D TI	HERMAL ROAD			
ALEXANL	DER YOUTH NETWORK	- ELWIUNII	CHARLO	TTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIE BY MUST BE PRECEDED BY LSC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Client (FC) #3, #4 in touch her; - FC #3, #4 pushed of looking for lizards; - FC #3 told client #2 - Client #2 pulled dov - Client #2 stated FC and tried to have sex - FC #4 was standing #2 to have sex also; - Client #2 stated FC butt; - "Staff was not outsi Review on 12/6/22 of labeled Client Intervire vealed: - "Client #2 told "us to she would lie and sate "we touched her do and then FC #5 cam touch her too"; - "Staff was inside the stand of the stand sate of the stand sat	trouble by telling ther client #2 in the bushes to pull down her pants; #3 pulled down his pay with her; go there and then asked #3, #4 put their penished with us." If the facility's docume the facility's docume the facility's docume the facility's docume the facility with the facility's docume the facility with the facility's docume the facility's document for the facility's document facility with the facility	s while hts; pants ad client s on her ent /2/22 re or hte parts #4 to	V 110			
	labeled Client Intervi revealed: - "No one touched hi - Refused to talk; - FC #5 was mad at called FC #5 a boy; - FC #5 pulled her patherself proving she with a collent #2 grabbed Fipulled it toward her with a collent #2 grabbed Fin her;	FC #3, #4 because the ants down and expose was a girl; wher pants; FC #3 and #4's hand a ragina; FC #4's finger and ins	/2/22 ney ed and serted it				
		#4 to have sex with h #3 to have sex with h					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0601117	B. WING		12	2/12/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE	,	
ALEXAND	DER YOUTH NETWORK -	ELM UNIT	THERMAL ROAD OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY DEFICIENCY CROSS PROVIDER OF THE PROVIDER OF T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	- Client #2 and FC #5 #3, #4; - Staff was inside but the clients went arour cottage." Review on 12/6/22 of labeled Client Intervier revealed: - "Client #2, FC #3, # was touching each ot - FC #5 went over to down a "little bit" also - Staff was inside the Review on 12/6/22 of labeled Staff Intervier revealed: - No client reported b - No client reported a parts to peers; - First heard of clients another was when FS - Denied any client ha completely out of sight Review on 12/6/22 of labeled Staff Intervier revealed: - No client reported b - No client reported b - No client reported a parts to peers;	flashed their breast to FC FS #4 came outside when and to the front of the the facility's document ew for FC #5 dated 9/2/22 4 had their pants down and ther; clients and pulled her pants ; cottage." the facility's document of for FS #4 dated 9/6/22 eing touched by a peer; nother client exposing body as possibly touching one as #4 returned to work; and been left unsupervised, at. the facility's document of for FS #5 dated 9/6/22 eing touched by a peer; nother client exposing body at been left unsupervised, and been left unsupervised,	V 110			
	- Remembered an inc	with client #2 revealed: sident between Former 5 but could not recall a date;				

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STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _				
		MHL0601117	B. WING		12/	12/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
ΔΙ ΕΥΔΝΓ	ER YOUTH NETWORK -	6220-D T	HERMAL ROAD				
ALLXAND	ZK 100111NZ1WOKK	CHARLO	TTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Continued From page	e 4	V 110				
V 110	- Pulled pants down ii - FC #3, #4 pulled the their "private" out; - FC #3, #4 put their ' - FC #3 kissed client - FS #4, #5 were insid - The incident happer cottage beside the bu - Happened only one - Did not know anythi Interview on 12/8/22 o - Client #2 pulled her looking for lizards; - Client #2 told FC #3 - FC #3, #4 touched of then stopped; - FC #5 touched FC # - FC #4 clothes were - Happened only one - FS #4, #5 were in the Interview on 12/9/22 o - Client #2, FC #3, #4 the cottage touching - Originally stated clor - Showed client #2, F part"; - FC #3, #4 showed ti - Heard client #2 show - Denied any touching showed private parts	in front of FC #3, #4; ir pants down and pulled private" on client #2's butt; #2; de the cottage; ned on the side of the ishes; time; ng else about the incident. with FC #4 revealed: pants down while outside , #4 to touch her; client #2's "private area" and t4's "private area" on; time; ne cottage. with FC #5 revealed: , #5 were at a bush outside each other's "private area"; thes were on; C #3, #4 her front "private heir front "private part"; wed FC #4 her private part; g of private parts, just to each other; ere shown, pulled clothes d to play;	V 110				
	- Happened only one time; - FC #3 suggested to show private parts to each						
	other. Interview on 12/8/22 with FS #4 revealed:						

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	DEATH OF CONNECTION		A. BUILDING: _		CONIF	LETED	
		MHL0601	1117	B. WING		12	/12/2022
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
			6220-D TH	ERMAL ROAD			
ALEXAND	DER YOUTH NETWORK -	ELM UNII	CHARLOT	ΓE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFIC Y MUST BE PRECEI LSC IDENTIFYING IN	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	e 5		V 110			
	- Client #2, FC #3, #4 back of cottage playir - Was able to see and through the huge win - Client #2, FC #3, #4 building and I immediback insight; - "When I turned my I #5 ran back to the lef about 60 seconds the - "They were not out anything to happen."	ng; d hear clients pl dow in cottage; dow in c	aying outside e left of the to come FC #3, #4, Iding for g enough for				
	Interview on 12/8/22 with FS #5 revealed: - All clients were in line of sight while outside; - Was able to hear and see clients while clients were outside playing; - "No client never pulled down their pants." - There were several different stories about the incident of the clients touching each other; - Client #2, FC #3, #4, #5 were "inconsistent with their stories about what happened"; - Client #2 "lied about the allegations"; - Client #2 had a "history of lying and making up allegations on clients"; - Termination was unfair and unfound.						
	Interview on 12/6/22 revealed: - Client #2 threatened touch her and if they up allegation on them - Unsure of what hap #3, #4, #5 were outsi inconsistencies in the - At some point the cl #4, #5; - FS #4, #5 were term violation of General V - On October 3, 2022	d FC #3, #4 by the did not then show the playing due are stories; ients were out the control of the playing due are stories; ients were out the playing due are stories.	telling them to e would make ent #2, FC to of sight of FS /22 due to				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
		MHL0601117		B. WING		12/12/20	122
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALEXAND	ER YOUTH NETWORK -	ELM UNIT		RMAL ROAD E, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F .SC IDENTIFYING INFORMAT	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE CO	(X5) OMPLETE DATE
V 110	were retrained on Ge included line of sight of consumers, implen related to consumers utilizing radios for ass Findings 2: Review on 12/7/22 of - Hire date 2/25/19 - Job title Behavioral - Termination date 12 Review on 12/6/22 of Allegation Review con Director revealed: -Report-"staff #3 reported a discussion regaissues of encopresis. #2 was explaining that thoroughly then procepicture of client #1 in that in the picture she facing toilet and nake could see client #1's feces on it. Staff #2 repicture of the amount and supervisors in orden copresis. Staff #2 ra picture of client #1's reported that he has repictures of him or have take picture of him. The reports of touching, uspecific acts, transmis Additional staff members resourced.	neral Work Rules that supervision, close properting any procedure precaution status and istance and support. Staff #2's record reversely record r	aled: ive f #2 nt #1) Staff wipe a ported no was ne with ok a ing f t take it #1 e any ng to ny ons,	V 110			

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
	MHL0601117		B. WING		12	2/12/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE			
		6220-D 1	HERMAL ROAD				
ALEXAND	ER YOUTH NETWORK -	ELM UNIT CHARLO	OTTE, 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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Interview on 12/8/22 with Staff #1 revealed: - Staff #2 showed her a picture of a dirty depends with feces and a wipe; - No client face or penis was in the picture; - Staff took the picture for communication purposes to show client #1 was pooping in the Depends. Interview on 12/9/22 with the Registered Nurse #2 revealed: - Staff #2 showed her a picture of a diaper(depends) with feces in it; - No identity of the client was in the picture; - Staff #2 was talking loud and inappropriate about the concern of client #1 pooping in "diaper" (depend) and other staff not helping out Explained to staff #2 the conversation needed to happen after finishing medication administration but staff #2 left the facility after his shift.		V 110				
	-The smell of feces w shift; - Checked client #1's due to the smell in the - Awaken client #1 se change his depends of depends while asleep - Started speaking wi	everal nights for him to due to pooping in the					
	changed; - Left messages on the board (communication to 2nd shift staff, to observe the periodically and to mathoroughly; - On 11/2/22, took a problem of the board of the boa	ne dry erase n board) in the common area heck client #1's depends ake sure client #1 wipes					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X' AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			A. BUILDING: _				
		MHL0601117	B. WING		12/12/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE			
ALEXAND	ER YOUTH NETWORK -	ELM UNIT	HERMAL ROAD TTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETE		
V 110	she arrived to work the On 11/2/22 showed feces on the wipe and needed to check clier pooping on her shift in left for 3rd shift staff the Staff #3 left out of the was shown; Staff #3 made a rep face and penis in the Terminated on 12/5/22 Executive Director recompleted an interr for taking a picture of confidential information board (communication be able to see. Staff #2 was terminated feces on the work of the	staff #1 the picture when lat morning; staff #3 the picture of the dexplained that staff #3 at #1 because he was in the bed, but it was being to clean up; lee cottage after the picture cort stating I had client #1's picture; 22. and 12/8/22 with the wealed: leal investigation on staff #2 client #1 and writing on about client #1 on the in board) for other clients to lated on 12/5/22.	V 110				
V 730	10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and it maintained in a safe, manner and shall be odor. This Rule is not met Based on observation	EMENTS s grounds shall be clean, attractive and orderly kept free from offensive as evidenced by: as and interviews the facility a safe, clean, attractive,	V 736				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MHL0601117			B. WING		12/	12/2022	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE			
ALEXAND	ER YOUTH NETWORK -	ELM UNIT	HERMAL ROAD TTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
V 736	Continued From page	9	V 736				
	desk; - The couch 2 cushic approximately ½ inch -Kitchen- missing cab sink; - Cabinet under the - Third drawer under missing a handle; -Bedroom #1 on the riversity on the door. Interview on 12/8/22 viewealed: -Completed a walk the 11/10/22; -Aware of what needed	revealed: en chair laying against a ons had tears ranging from to 9 inches long; inet door over the kitchen sink is missing a handle; r the kitchen counter was ight side of the hallway had with the Executive Director rough the of the cottage on ed to be replaced; ome things in the cottage					

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