FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING MHL060-059 12/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 THERMAL ROAD ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on December 19, 2022. The complaint was substantiated (Intake #NC00194325). Deficiencies were cited. The facility is licensed for the following service: DHSR - Mental Health 10A NCAC 27G . 1900 Psychiatric Residential Treatment for Children and Adolescents JAN 3 I 2023 This facility is licensed for 12 and currently has a census of 6. The survey sample consisted of Lic. & Cert. Section audits of 1 current client. V 314 27G .1901 Psych Res. Tx. Facility - Scope V 314 Safety and supervision of consumers is 2/10/2023 extremely important at Alexander Youth 10A NCAC 27G .1901 SCOPE Network. Upon becoming knowledgeable (a) The rules in this Section apply to psychiatric of the reported concern, PRTF leadership residential treatment facilities (PRTF)s. swiftly moved forward with initiating an (b) A PRTF is one that provides care for children internal investigation. or adolescents who have mental illness or substance abuse/dependency in a non-acute Staff members involved, while receiving inpatient setting. suspension and documented disciplinary (c) The PRTF shall provide a structured living action, also participated in and successfully environment for children or adolescents who do completed re-training of the Alarm not meet criteria for acute inpatient care, but do Response protocol which included the steps require supervision and specialized interventions taken when a consumer triggers the alarm. on a 24-hour basis. This training occurred on November 4th, (d) Therapeutic interventions shall address 2022. functional deficits associated with the child or adolescent's diagnosis and include psychiatric Additionally, the agency implemented the treatment and specialized substance abuse and preliminary phases of the Guard 1 system mental health therapeutic care. These in December 2022. Guard 1 is an electronic therapeutic interventions and services shall be system that captures bed checks, collects designed to address the treatment needs data regarding missed checks and necessary to facilitate a move to a less intensive timeframe of checks community setting. (e) The PRTF shall serve children or adolescents

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

community-based residential setting is essential

for whom removal from home or a

to facilitate treatment.

TITLE EXECUTIVE

(X6) DATE 1-27-25

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL060-059 B. WING_ 12/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 THERMAL ROAD ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 314 Continued From page 1 V 314 Furthermore, PRTF supervisors perform (f) The PRTF shall coordinate with other weekly review of video surveillance, across individuals and agencies within the child or random 3rd shift timeframes as an additional adolescent's catchment area. safety measure. PRTF supervisors will (g) The PRTF shall be accredited through one of begin documenting the surveillance reviews the following; Joint Commission on Accreditation no later than February 10, 2023. The of Healthcare Organizations; the Commission on surveillance reviews will be submitted to the Accreditation of Rehabilitation Facilities; the Executive Director weekly. Council on. Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1. Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to provide a structured living environment for children who required supervision and specialized intervention on a 24-hour basis, affecting 1 or 1 audited client (client #1). The findings are: Record review on 12/14/22 of client #1's record revealed: - Admission date 6/24/22; - Age 10: - Diagnosis-Reactive Attachment Disorder of Childhood Review on 12/14/22 of the facility's document

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
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	labeled Summary of Ir #1,completed by the E 11/4/22 revealed: - On 10/13/22, cafeter outside of the cafeteria - Cafeteria staff contact client #1 was in the ca - On 10/13/22, manage investigation and staff pending investigation; - During the investigation; - During the investigation; - During the investigation were interviewed; - Client #1 reported to the alarm to go off so the bedroom window and I paying attention; - Client #1 reported he crack the window; - Client #1 could not incompose the condition of the staff #1 disabled the areset it; - Bed checks occurred bed; - Staff #1 reported she coccasionally during hereset if #1 reported composing inside room to chemostaff #1 reported composition of the incident, common area lights beineeding to be clearer; - Staff members did not procedure regarding cobedroom/window alarm - "While there is no malicagency noted what could agency noted what could staff the staff while there is no malicagency noted what could agency noted what could not	investigation-Staff xecutive Director, dated is staff observed client #1 is at approximately 5:30am; cted staff #2 to inform them feteria; ement initiated an internal #1 was suspended on, client #1, staff #1, #2 have intentionally caused hat he could crack his eave when staff were not was successfully able to dicate what staff was doing halarm once it went off and and all clients were in the may have nodded out shift; cleting bed checks but not eck the windows; ed to observe video but had difficulty due to ng out and the audio follow policy and mpleting bed checks and responses; sious intent indicated, the	V 314				

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V 314	Continued From pag	e 3	V 314			
	her 3rd shift Behavio with the following: - Staff #1 will returaction. As a result, an violations will result in - Staff #1 will be realarm system protocor Over the next 30 Treatment Facility (P complete random vid completing duties: be bed/window alarm protocor. Review on 12/14/22 of labeled Summary of I completed by the Execompleted by the Execompleted by the Execompleted by the Cafeteria staff contact them client #1 was in - On 10/13/22, managinvestigation and staff pending investigation; During the investigation; During the investigation; Client #1 reported to the alarm to go off so the complete the window; Client #1 reported he crack the window; Client #1 could not in	ency re-instated staff #1 to ral Health Counselor position n on a Level III disciplinary by infractions and policy in immediate termination. -trained on bed check and bols; days, Psychiatric Residential RTF) management will encount enco	V 314			
t	elevision on his phone	" and the alarm went off;				
	Staff #2 completed be he alarm off;	ed checks to see who set				
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 314	Continued From page	4	V 314			
	- During bed checks a - The cottage received staff saying that client - Staff #2 went to the of #1 back to the cottage - Management attempt footage of the incident common area lights be needing to be clearer; - Staff members did not procedure regarding or bedroom/window alarr - "While there is no mal agency noted what cout addition to the opportut to staff competency; - On 11/4/22, the agen his 3rd shift Behavioral with the following: - Staff #2 will return of action. As a result, any violations will result in i - Staff #2 will be re-tralarm system protocols - Over the next 30 da will complete random v assess completing duting following bed/window at Review on 12/14/22 of the labeled Refresher Train Protocol revealed: - Staff #1 and Staff #2 resin the following areas: Eminute increments, Disagroup and observe child confirm window is close reset alarm Training signed off by staff remaining signed off staff remaining signed staff remaining signed staff remaining signed staff	Il of the clients were in bed; If a phone call from cafeteria #1 was missing; cafeteria and brought client ; ted to observe video , but had difficulty due to eing out and the audio of follow policy and completing bed checks and in responses; icious intent indicated, the ald have occurred in nity for re-training related cy re-instated staff #2 to Health Counselor position on a Level III disciplinary infractions and policy mmediate termination. rained on bed check and is; ays, PRTF management ideo observations to es: bed checks and larm procedures. the facility documents sing-Alarm Response ceived training on 11/4/22 and check to occur in 15 abling Alarm, Enter the , Check window and				
	Executive Director. Service Regulation					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 314 Continu	ed From page	5	V 314			
- Awake - On 10/ Staff #2 bed; - Attemp sounded - Pretenc checks in alarm; - Heard s window; - Went to (fake mo - Food So snack; - Food So informed - Staff #1 schedule - Staff #2 - Called s think he w - "Don't n I can hea Interview - Staff #1 schedule; - Tried to jumped up Interview - Staff #1 - On 12/13	n in the middle 13/22, woke user asleep water asleep water asleep water asleep water asleep water as a sleep do not not 12/12/22 was asleep do not 12/12/22 was asleep as a sleep do not 12/14/22 was asleep as a sleep do not not not not not not not not not no	en him and gave him a lled the cottage and in the cafeteria luring she 3rd shift and 12/13/22. luring 3rd shift on 12/14/22; le last night (12/14/22) "so I st night." lem (staff) snoring because g." th client #3 revealed: luring her 3rd shift 1 one time and she with client #4 revealed: ler 3rd shift schedule; ler 3rd shift schedule; lend staff #3 were asleep				
Interview	on 12/14/22 w at night some	rith client #5 revealed:				

	ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	IPLE CONSTRUCTION	(X3)	DATE SURVEY	_
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V 314	Continued From page	6	V 314				_
	- Staff #2 was asleen	most of the time during his					
	3rd shift;	most of the time during his					
	- Staff #2 was asleep	on 12/13/22·					
		sometimes during her 3rd				1	
	shift.	officialities during their Situ					
	Interview on 12/14/22	with client #6 revealed:					
		was asleep when awaken					
	in the middle of the nig	ht due to bad dreams.					1
	going to bathroom or h	lungry;					1
	- Staff #2 and staff #3 v	worked 12/13/22 and					1
	unable to awaken staff						ı
	_						ı
	Interview on 12/14/22						I
	- Denied sleeping on th						ı
	- "I would doze off som						I
	- Client #1 opened the	window when I was turned					I
	off the alarm;						ı
	out of the vending mac	noney to get a honey bun					ı
	- Client #1 had a plan to						l
	- Did not check all the v	vindows:					l
		netimes just when a client					l
	gets out of the bed;	,					l
	- Denied being asleep v	when client #1 snuck out of					ı
	the room, "he was just of	quiet as a mouse."					ı
	 Denied dozing off to sl 	eep on 12/12/22 and					
	12/13/22;						
	- "Every blue moon one	of my					
	partners(co-workers) m	ay have fallen asleep but					
	not for long."						
	-vvritten up for incident o	on 10/13/22, when client					
	#1 was able to leave ou	t his window;					
	-Was put on a level 3 pro	obation for a year,					
	another write up would i	rilean termination.					
	Interview on 12/15/22 w	ith staff #2 royaalad					
	- Slept 30 minutes to an						
	week;	nour during still office a					
	-"Partner (co-worker) is	awake during the time !					
	· artifer (co-worker) is	awake during the time I					

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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V 314	may fall off to sleep, w - Denied any client ab asleep; - On 10/13/22, client # 4:45am; - "Cafeteria lady called stating he was in the o - Client #1 stated he m wanted to get a snack machine; - Denied clients have a shift; -"Partners have fallen a slept for about 30 minu Interview on 12/15/22 v revealed: - Supervisors watched for at least 30 minutes, sure staff are not aslee - Supervisors have not	le to elope due to being alarm went off around dabout 15 minutes later lafeteria." lade fake money and lout of the vending awaken staff during their lasleep during shift and lutes to an hour." with the Executive Director surveillance video weekly different times to make lep; reported any staff asleep viewing the surveillance lectronic system called	V 314			
deles - 5 1 1 - 10	Sanjaa Bagulatian					