Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) F

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		A. BOILDING						
MHL060968		B. WING		02/20/2023				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ALEXAND	ER YOUTH NETWORK	· CHARLOTTE DAY 1	ERMAL RD TE, NC 28211					
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION				) BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS	3	V 000					
		vas completed on 2-20-23. ubstaniated (#NC00195555). ed.						
	This facility is licensed for the following service category: 10A NCAC 27G 1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.							
This facility has a current census of 19. The survey sample consisted of audits of one former client.								
V 184	27G .1401 Day Tx Cl	nild/Adol - Scope	V 184					
(a) Day treatment is a day/night facility for children and adolescents who are emotionally disturbed which coordinates educational activities and intensive treatment while allowing the individual to live at home or in the community.  (b) This service is designed to increase the ability of a child or adolescent to relate to others and function appropriately within the community while serving as an intervention to prevent hospitalization or placement outside the home or community.  (c) It shall provide a therapeutic environment as well as other activities which may include individual therapy, group therapy, recreational therapy, language communication skills development, social skills development, pre-vocational service, vocational training, service to parents, and individual advocacy.  (d) The client's educational activities may be provided in this facility or in another educational setting, such as regular classes or special education programs within a typical school setting.								

Division of Health Service Regulation 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/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL060968	B. WING		02	2/20/2023
	ROVIDER OR SUPPLIER  DER YOUTH NETWORK -	CHARLOTTE DAY 1	ADDRESS, CITY, STATE THERMAL RD OTTE, NC 28211	, ZIP CODE		
(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 ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 184	(e) Treatment, service provided by day treat coordinated with other within each client's lought (f) Day treatment factors	ces, and discharge plans ment programs shall be er individuals and agencies cal system of care.	V 184			
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to provide a therapeutic environment. The findings are:					
	caretaker tries to kill of Caretaker was to diabetic, blind woman and Caretaker gave supposed to have an and Caretaker did not communicate with he and Caretaker personal, leaving everythin and Caretaker finally the caretaker striend caretaker reveals show sugar pills to try to kill and Caretaker gerpolice.	aking care of elderly,  woman who was not y sugar full sugar soda. ot let the woman or daughter. uaded woman to change her og to the caretaker. shows up at the house and pulls a gun on them as the e was also giving the woman I her. ets the gun and calls the				
	-They had watch caretaker. -"It was bout a m nurse, she was trying	with Client #2 revealed: ed a movie about a nean lady that was like her to kill her so she could get n lady wouldn't let her speak				

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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		
		MHL060968		B. WING		02/20/2023	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE. ZIP CODE		
			6220-D THE		,		
ALEXAND	ER YOUTH NETWORK -	CHARLOTTE DAY 1		ΓE, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	HOULD BE COMPLET	
V 184	Continued From page	2		V 184			
V 184	to her daughter. The of mean lady went to jail	daughter found out and ."  nout the right thing to describe a movie about a larger, but did remember y woman getting bullies with Staff #1 revealed: and a youtube video about a larger, but did with Staff #1 revealed: and the kids what they are caretaker. They were inspirational each the kids what they to be doing.  with Former Client #1's larger and there was a youtube recember. And there was a youtube recember. The nurse wand lady with sugar and a gun in it and they we	o, d: blind er a ed. out an  y s mber e as d re with her ad she priate	V 184			
	for approximately one -He approved the a movie policy.	month. movies and the facilit	y had				

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MML060968 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLE			SURVEY PLETED	
ALEXANDER YOUTH NETWORK - CHARLOTTE DAY 1  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  V 184  Continued From page 3  -He was unaware of the movies and videos that were shown before he became the Program  6220-D THERMAL RD CHARLOTTE CHARLOTTE, NC 28211  ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  V 184  -He was unaware of the movies and videos that were shown before he became the Program			MHL060968	B. WING		02	/20/2023
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 184  Continued From page 3  -He was unaware of the movies and videos that were shown before he became the Program  PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE DATE  V 184  (EACH CORRECTIVE ACTION SHOULD BE COMPLÉTE DATE  V 184  V 184			- CHARLOTTE DAY 1	HERMAL RD	TE, ZIP CODE		
-He was unaware of the movies and videos that were shown before he became the Program	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETE
	V 184	-He was unawar that were shown before	e of the movies and videos	V 184			

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