

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2023
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NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK-NORTH SHEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 CHARLES ROAD, ROOMS 102, 106 & 107 SHELBY, NC 28152
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 10/27/23. The complaint was substantiated (# NC207545). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances.</p> <p>This facility is licensed for 0 and currently has a census of 9. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. 	V 112		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to develop and implement treatment strategies to address the clients' needs for 3 of 4 audited clients (Client #1, #3, #4). The findings are:</p> <p>Review on 10/25/23 of Client #1's record revealed: -Date of admission: 4/13/22. -Age-10 years old. -Diagnoses- Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD). -Comprehensive Clinical Assessment (CCA) dated 3/31/22 revealed: Easily distracted-difficulty sustaining attention, fidgety, can't stay still; severe defiance, doesn't listen, struggles with following instructions; often disruptive; has been physically and verbally aggressive towards peers; uses profanity, hits, and has spit in peers faces. -Treatment plan dated 4/5/23 revealed: no treatment strategies to address identified behaviors to prevent removal from services for the day. -Day Treatment notes for 9/19/23 revealed Client #1 came into program at 8am upset and left the program at 9am.</p> <p>Review on 10/25/23 of Client #3's record</p>	V 112		

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V 112	<p>Continued From page 2</p> <p>revealed:</p> <ul style="list-style-type: none"> -Date of admission: 6/21/23. -Age-6 years old. -Diagnosis- ODD. -CCA dated 6/7/23 revealed: "Client displays behaviors such as leaving the classroom, leaving school, peeing on herself and self harm." She exhibits impulsivity and hyperactivity. -Treatment plan dated 6/8/23 revealed: no treatment strategies to address identified behaviors to prevent removal from services for the day. -Day Treatment notes for 8/21/23, 9/12/23 revealed Client #3 was unable to comply with staff prompts and directives running through the classroom, hallways, running outside to the playground and displaying unsafe behaviors. Client was picked up early from the program both days. <p>Reviews on 10/25/23 of Client #4's record revealed:</p> <ul style="list-style-type: none"> -Date of admission: 7/27/23. -Age-6 years old. -Diagnoses- ADHD, Disruptive Mood Dysregulation Disorder. -CCA dated 6/13/23 revealed: "...client has exhibited episodes of throwing her shoes at teachers, spitting at teachers, running head-first into doors, screaming, fighting staff, trying to wipe her nasal mucus on teachers, running around the classroom, rolling/laying on the floor, touching herself inappropriately in front of peers, hitting, kicking, punching teachers and classmates" -Treatment plan dated 5/23/23 revealed: no treatment strategies to address identified behaviors to prevent removal from services for the day. -Day Treatment notes for 9/12/23, 9/15/23, 9/28/23, 10/3/23, 10/5/23, 10/18/23 revealed 	V 112		

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V 112	<p>Continued From page 3</p> <p>Client #4 had difficulty following directions, hitting herself in the head, running into walls, falling on the floor screaming and throwing her shoes displaying unsafe behaviors. Client's mom picked her up early for these 6 days.</p> <p>Interview on 10/25/23 with the Program Manager revealed: -Only send clients home if it's "something major". She has a good relationship with parents and will call parents first before sending clients home. -Try to allow kids time to regulate; don't automatically send kids home. -When 1 client is dysregulated, it triggers others. Don't have enough staff to provide 1:1 with a child for long.</p> <p>Interview on 10/25/23 with the Assistant Director revealed: -Always have 2 staff in ratio. -Have been shorted staffed the past 10 months. The service definition required them to have 2 QPs (qualified professionals). -Have talked to the Executive Director about sending clients home. -Behaviors were not all the same (to get sent home); the client might just need more than 1 staff could provide and leaving 1 staff for the group.</p>	V 112		
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse</p>	V 133		

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V 133	Continued From page 4 services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the	V 133		

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V 133	<p>Continued From page 5</p> <p>information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. 	V 133		

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V 133	<p>Continued From page 6</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers;</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record</p>	V 133		

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V 133	<p>Continued From page 8</p> <p>check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on personnel record review and staff interviews, the facility failed to request a State Bureau of Investigation (SBI) national criminal background check within 5 days of making the conditional offer of employment for 1 of 4 audited staff (Staff #2), who had lived in North Carolina for less than 5 years prior to employment. The findings are:</p> <p>Review on 10/27/23 of Staff #2's personnel record revealed: -Hire Date: 3/8/23 -Resided in South Carolina at date of hire. -Criminal Background check ordered on 2/24/23 did not include fingerprints for SBI check.</p> <p>Interview on 10/27/23 with the Executive Director revealed: -Was not aware their National background check was not sufficient for persons hired that had not</p>	V 133		

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V 133	Continued From page 9 lived in North Caroline for the past 5 years.	V 133		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or	V 367		

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V 367	<p>Continued From page 10</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed within 72 hours and submitted to the Local Management Entity/Managed Care Organization. The findings are:</p> <p>Record review on 10/25/23 of internal incident reports revealed: -On 8/23/23 Client #4, "became escalated during lunch time. Client appeared to be triggered when she struggled to fasten her pant. Client's pants had come unbuttoned and she was struggling to fix them. Staff assisted client by fastening them but client continued to escalate and unfastened them again. Client then began pulling her pants down and putting her hands in her private areas. Staff directed client not to do this. Staff prompted client to pull up her pants. Staff prompted client to leave out of the cafeteria so they could process the incident and her behaviors. Client continued to escalate by falling out on the floor, then banging her head repeatedly. Staff immediately intervened and prompted client to stop. Client did not comply with staff's directives or prompts. Once staff realized client was not going to stop, staff physically intervened by picking client off the</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>floor to help her stand. In the process, client banged her head into staff chest extremely hard, repeatedly. Client also attempted to kick and bite staff but was unsuccessful. Staff eventually was able to walk into the hallway with client where she began attempting to bang her head on the floor again. Staff then initiated a hold on client to prevent her from harming herself." Time elapsed 5 minutes. Life Space interview with client and staff completed. Guardian notified.</p> <p>-On 9/26/23 Client #4, "became frustrated during breakfast through getting angry and falling on the floor in the breakfast line. Client got very aggressive and got very angry when the breakfast staff refused to give her a chopped corndog. Client refused to move after she fell on the floor she was not listening nor complying with directions. Client refused to get up and walk to the classroom on her accord even after staff prompted her a lot. STAFF'S RESONSE: Staff told client that I had her breakfast and that I would chop it up for her once we got into the classroom. Staff prompted client to follow instructions through getting up and lining up during breakfast. Staff prompted client to get up off the floor a number of times but after client refused every time staff had to pick up client and carry her to classroom. Staff tried three times to get her to walk to the classroom during the pick up and carrying session but client would slide to floor."</p> <p>-On10/4/23 Client #5, "got aggravated and frustrated. Client started arguing and making statements that were not appropriate. Client got more angry and became more aggressive. Client then started hitting himself in the head in the chill room. Client started stating he did not care and started banging his head even harder. STAFF"S RESPONSE: Staff told client to calm down a number of times. Staff allowed client to say what</p>	V 367		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/27/2023
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NAME OF PROVIDER OR SUPPLIER ALEXANDER YOUTH NETWORK-NORTH SHEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 CHARLES ROAD, ROOMS 102, 106 & 107 SHELBY, NC 28152
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(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
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V 367	<p>Continued From page 13</p> <p>he was feeling and after client stated his feelings client kept on stating inappropriate things. Staff instructed client to go to the chill room. Staff kept an eye on him during his stay in the room. Staff told client to stop hurting himself three times. Staff then had to restrain him because he was hurting himself. Staff sat with client for about 7 minutes and then client seemed to calm down. Staff followed client into the other room where client became even more frustrated and aggressive. Staff got client to the hallway between classroom and after the client started trying to grab staff as well as stated to hit staff another staff came and restrained him." Time elapsed 4 minutes for second hold. Life space interview completed. Guardian notified.</p> <p>Review on 10/24/23 of IRIS (Incident Response Improvement System) reports revealed: -No IRIS reports dated 8/23/23, 9/26/23 or 10/4/23 for restrictive interventions involving Client #4 or Client #5.</p> <p>Interview on 10/26/23 with the Assistant Director revealed: -Internal restrictive intervention documentation was supposed to be completed within 24 hours of the event. The Case Support team would complete the IRIS if the report was in the system within the required timeline. If it was not, then the Program Manager was responsible for completing the IRIS.</p>	V 367		
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