

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060-969</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/28/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - OAK UNIT PRTF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-A THERMAL ROAD CHARLOTTE, NC 28211</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, compliant and follow up survey was completed on 4-28-21. The complaint was unsubstantiated (NC00175200). 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>	V 000	<p>Staff were given a face to face coaching and the following email below as a reminder as it relates to incident reporting.</p> <p>I am emailing you all to follow up on the conversations we've had regarding incidents and reporting. As you all are aware an allegation was brought to our attention last week that was not reported in a timely manner. Even though the allegation was unsubstantiated per internal investigation. Whenever a consumer reports any mistreatment or abuse by a staff member or other consumer you have a duty to report that incident to a supervisor or member of leadership as soon as possible. All allegations must be taken seriously no matter how insignificant they may seem. Failure to report an incident moving forward may result in disciplinary action up to termination of employment</p>	

DHSR - Mental Health

MAY 14 2021

Lic. & Cert. Section

Division of Health Service Regulation

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. (e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p> <p>(2) cultural awareness;</p> <p>(3) analytical skills;</p> <p>(4) decision-making;</p> <p>(5) interpersonal skills; (6) communication skills;</p> <p>and</p> <p>(7) clinical skills.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures</p>	V 110	<p>Staff were remind and forwarded a copy of the child protection policy. The child protection policy was given to staff to remind them of training they had in orientation that discussed, All employees, volunteers and foster parents who will work with or around children were provided with training during their orientation period regarding protection of children from abuse and protecting adults from false accusations of abuse.</p> <p>The child protection policy also reminded the staff that , All employees are required to report any concerns or suspicions regarding their observations of any adult's interactions with a child. Initially, these concerns may be reported to the individual involved or to his/her supervisor.</p> <p>Supervisors and Therapist will continue teaching/informing clients about child protection policy, where to find it and who to report concerns to.</p>
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Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 7

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Division of Health Service Regulation

V 110	<p>Continued From page 1</p> <p>for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p>   <p>This Rule is not met as evidenced by: Based on interview and record review three of four staff (Staff #1, #2, and #3) failed to demonstrate knowledge, skills and ability required by the population served. The findings are:</p> <p>Review on 4-27-21 of Child Protection policy revealed: -Policy 2.10 Child Protection Effective 6/1/98; Revised 9/29/00, 6/8/04, 10/21/10, 12/8/11 The agency will ensure clients' right to protection from harm, abuse, neglect and exploitation. the policy is intended to protect children, staff, foster parents, and volunteers. - IV. Reporting</p> <ol style="list-style-type: none"> <li>1. Every employee, volunteer and foster parent of Alexander Youth Network is required to report immediately to a member of the management staff any situation which presents any suspicion or question as to the possibility that child abuse, neglect or exploitation may have occurred.</li> <li>2. Any report of child abuse, neglect, or exploitation--no matter how unlikely it seems--made by a child in care is to be relayed immediately to a member of the management team.</li> <li>3. An Incident Report form will be completed. In all situations of possible child abuse, neglect, or exploitation the Alexander Youth Network</li> </ol>	V 110	
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Division of Health Service Regulation

V 110	<p>Continued From page 2</p> <p>personnel policy "Child Abuse and Neglect" shall be observed, and in no case will the internal investigation delay an appropriate referral to the local Department of Social Services.</p> <p>Review on 4-27-21 of Internal Investigation revealed:</p> <p>-"Allegation: On Monday April 19, 2021 it was alleged that a consumer residing in Oak cottage had been treated unfairly by a staff member (Staff #5) which was alleged heard but not witnessed. When asked about incident clients response was as follows: Client's responses varied and did not match.</p> <p>Consumer [Client #2]: Consumer stated nothing in regards to actions of 2nd shift staff being aggressive. Consumer express that he is upset with 2nd shift staff for removal of item due to not knowing their whereabouts.</p> <p>Consumer [Client #3]: Expressed that 2nd shift staff (Staff #5 and Staff #4) provide unequal treatment towards consumer (not treating him fairly) (DS). Staff (Staff #5) took client from shower and left the door open so that action could be witnessed. Client then back tracked and said he didn't really see but heard something that sounded like a slap, which alleged occurred Wednesday or Thursday unsure of which day. Consumer [Client #1]: Reporting nothing in regards to alleged allegation. Only concern express by consumer was the music is too loud at times and that additional activities are desired. Consumer [Client #4]: Has no knowledge of alleged incident, was confused about question and shared no additional information. Consumer [Client #5]: Has no knowledge of alleged incident, and express no additional concerns. Consumer [Client #6]: Has no knowledge of alleged incident. I would like to complete more</p>	V 110	
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Division of Health Service Regulation

V 110	<p>Continued From page 3</p> <p>activities oppose to the things we do now Results on investigation: From video observations, and the accounts of consumers no actions can be located to validate incident, the alleged incident internally was unsubstantiated. However, per internal policy external investigation has to take place because of the allegation. An internal incident report will be completed."</p> <p>Review on 4-21-21 of Staff #1's personnel record revealed: -Hire date 9-30-19. -Trainings include Abuse on 1-4-20.</p> <p>Review on 4-23-21 of Staff #2's personnel record revealed: -Hire date 2-10-20. -Trainings include; abuse 4-17-20 and client right 2-22-20.</p> <p>Review on 4-23-21 of Staff #3's personnel record revealed: -Hire date of 12-9-19. -Trainings include; Abuse 1-18-20, Client Rights 12-13-19.</p> <p>Interview on 4-19-21 with Client #1 revealed: - Staff had not hit or pushed them.</p> <p>Interview on 4-19-21 with Client #2 revealed: -He had no issues with staff hitting clients.</p> <p>Interview on 4-19-21 with Client #3 revealed: -He had seen Staff #5 hit Client #2 on the shoulder and "dragged" him out of the bathroom and made him dress with the door open. -He then stated that he heard Client #2 getting slapped. -He then stated that he heard and saw Client #2 getting slapped.</p>	V 110	
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Division of Health Service Regulation

V 110	<p>Continued From page 4</p> <p>Interview on 4-19-21 with Staff #1 revealed:                      -Client #3 had "said something about 2nd shift staff"                      -Client #2 said that second shift staff said he was taking too long in the bathroom.                      -"He said he heard something hitting on his (Client #2) shoulder or something."                      -"He told me that yesterday, I told him I would speak to the supervisor."                      -Staff #1 stated that she hadn't spoken to a supervisor yet because she had not had time.                      -Both she and the supervisor had arrived at work that morning at 8:00 am.                      "I know the weekend staff was going to check for bruises."                      -She didn't feel like she needed to write an incident report, just report it to her supervisor.</p> <p>Interview on 4-22-21 with Staff #2 revealed:                      -He had heard Client #3 make an allegation of abuse.                      -"What I tried to do, I tried to get in contact with the other staff (accused staff) to see if the child got it misunderstood."                      -"I was going to talk with the supervisor this weekend (4-24-21). She was out last weekend."                      -Staff #2 didn't know who else to call other than his supervisor.                      -The protocol is to go to your supervisor, which he has done before.                      -He knows that in previous instances, his supervisor would then report it to her supervisor.                      -"Both [Client #3] and [Client #5] told us the exact same story. They said that [Client #2] was in the shower. Staff went in and they heard the pop and dragged him out of the bathroom. "                      -"We were alarmed, it doesn't seem right."</p> <p>Interview on 4-20-21 with Staff #3 revealed:</p>	V 110		
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V 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>-He has worked at the facility approximately 1 1/2 years, he is full time on the weekends and also works shifts during the week.</li> <li>-Client #3 had said that 2nd shift staff had went into the bathroom and hit a client on the shoulder.</li> <li>-"We don't take the kids word for it. I tell them to tell people, the higher authorities."</li> <li>-Client #3 reported this to them on 4-18-21.</li> <li>-"I told him to tell [Supervisor] Monday."</li> <li>-"Our Supervisor was off campus for the weekend."</li> <li>-"I told [Staff #1]. Don't have a supervisor on call.."</li> <li>-When he has heard allegations in the past he has let his supervisor know, but this allegation he did not let a supervisor know.</li> <li>-"I was hoping [Client #3] would talk to [Supervisor]. I couldn't tell anyone that night."</li> <li>-"Me personally, I don't go as high as [Executive Director] I would rather go up the chain of command."</li> <li>-"I feel like I followed protocol because I told the kid to tell the supervisor and I told another staff member."</li> </ul> <p>Interview on 4-19-21 with Staff #4 revealed:</p> <ul style="list-style-type: none"> <li>-When asked about the protocol for reporting abuse, she responded that she would first tell her supervisor and do an incident report.</li> <li>-She would call her supervisor "immediately."</li> <li>-There was always someone on call to report to.</li> </ul> <p>Interview on 2-26-21 with the Vice President of Program Operations revealed:</p> <ul style="list-style-type: none"> <li>-Staff had been trained in the protocol of reporting abuse.</li> <li>-The incident had been investigated as soon as they were aware of it.</li> </ul>	V 110	
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Division of Health Service Regulation

V 110	Continued From page 6  -The staff involved had been counseled on the proper protocol.	V 110		
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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH •

Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 4, 2021

Leonard Shinhoster, Vice President of Program Operations  
Alexander Youth Network  
6220 Thermal Road  
Charlotte, NC 28211

Re: Annual, complaint, and follow up Survey completed 4-28-21  
Alexander Youth Network-Oak, 6220-A Thermal Road, Charlotte NC 28211  
MHL # 060-969  
E-mail Address: lshinhoster@aynkids.org  
#NC00175200

Dear Mr. Shinhoster:

Thank you for the cooperation and courtesy extended during the annual, complaint and follow up survey completed 4-28-21. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

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**

- A Standard level deficiency must be *corrected* within 60 days from the exit of the survey, which is 6-28-21.

**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

DHSR - Mental Health  
MAY 14 2021  
Lic. & Cert. Section

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 4, 2021  
Alexander Youth Network-Oak  
Mr. Shinhoster

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 704-596-4072.

Sincerely,



Patricia Work  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: [qmemail@cardinalinnovations.org](mailto:qmemail@cardinalinnovations.org)  
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