STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-059	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN	6220 THERMAL ROAD CHARLOTTE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on 9-18-24. The complaint was substantiated (#NC00219954). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1900 Psychiatric Residential Treatment Facility for Children and Adolescents. This facility is licensed for 12 and currently has a census of 9. The survey sample consisted of audits of 1 current client.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to report an allegation of neglect to the Health Care Personnel Registry (HCPR)within	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-059	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN	6220 THERMAL ROAD CHARLOTTE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 318	Continued From page 1	V 318		

24 hours of learning about the allegation. The findings are:

Review on 9-4-24 of facility's Internal Investigation Summary undated and unsigned revealed:

-"On 7/14/2024, supervisor [Supervisor] was informed that Lions Den consumer, [Client #1] exited his room during 3rd shift and entered a peer's room. [Staff #1] was one of two staff present during this incident. [Supervisor] proceeded to review video footage and notify appropriate personnel. During interview with supervisor, [Client #1] reported that he entered peer's room to take a toy. [Client #1] denied making any physical contact with consumer. Each consumer in the cottage denied knowledge of [Client #1] being awake and/or attempting to wake them up."

-"5/23/24 - Issued a coaching for job performance - not completing bed checks. He Staff #1) signed it on 6/9/24. 6/4/24 - [Supervisor] sent an email to staff indicating the check in and out process for Guard 1 device, the frequency of bed checks and explained why the bed checks are important. 6/28/24 - June supervision [Supervisor] reviews 3rd shift expectations to include the position being overnight awake and routine bed checks required."

Review on 9-5-24 of the IRIS (Incident Response Improvement System) revealed:

-HCPR notified on 7-17-24 when the IRIS report was first filed.

Interview on 9-19-24 with the faciliy Director revealed:

-He realized that the facility was late putting in the notice to HPCR.

-He had reminded all supervisors that there

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060-059	A. BUILDING: _____ B. WING _____	09/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN	6220 THERMAL ROAD CHARLOTTE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 318	Continued From page 2 was a 24 hour time frame when there was suspected abuse, neglect or exploitation involved.	V 318		