STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL060968	A. BUILDING: _____ B. WING _____	10/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK - CHARLOTTE DAY T	6220-D THERMAL RD CHARLOTTE, NC 28211

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V 000	INITIAL COMMENTS A complaint survey was competed on 10-1-24 The complaints were unsubstantiated (#NC00221991, #NC00222010). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G. 1400 Day Treatment for Children and Adolescents with Emotional or Behavior Disturbance. This facility is licensed for 0 and currently has a census of 26. The survey sample consisted of audits of 2 current clients.	V 000		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of	V 536		

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V 536	Continued From page 1 behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years.	V 536		

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V 536	Continued From page 2 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.	V 536		

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V 536	Continued From page 3 (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on interviews, one of one audited staff (Staff #1) failed to demonstrate competency in the use of alternatives to restrictive interventions. The findings are:	V 536		

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V 536	Continued From page 4 Review on 9-26-24 of Staff #1's record revealed: -Hire date on 2-15-19. -Handle With Care Refresher; 4-4-24, Calming Children in Crisis, 3-7-19. Review on 9-26-24 of Client #1's record revealed: -Admitted 7-30-24. -11 years old. -Diagnoses of Oppositional Defiance Disorder and Post Traumatic Stress Disorder. Review on 9-26-24 of Internal Investigation dated 9-12-24 revealed: -Summary of Incident: Client was dysregulated and went to the quiet room where he was upset. Staff observed something in his hand and asked him to give it to the staff. He stated that staff pushed him into the wall when he refused to give up the item. -Allegation: Client [Client #1] alleges that staff [Staff #1] pushed him in his chest into the wall. -Findings of Fact: The internal panel review team assessed and determined the following items to be facts related to this incident based on the review of the record, procedures, statements from staff/clients and video: -[Client #1] was in the calming room with 2 other clients. -[Client #1] was in crisis, screaming, yelling. -[Staff #1] responded to the noise and asked him to stop. -[Client #1] did not comply with requests. -[Client #1] had something in his hand he refused to give to staff. -In an attempt to get the item the client made contact with the wall. -Cause of the Incident: Poor de-escalation strategies utilized.	V 536		

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V 536	Continued From page 5 Interview on 9-23-24 with Client #1 revealed: -" I was yelling hitting the wall, throwing yourself against the wall." -Staff #1 pushed him by the stomach against the wall and his back hit the wall. -He doesn't remember Staff #1 asking for what was in his hand. - He stated that the Director of the Transition House was also in the room. -He did not get hurt. Interview on 9-18-24 and 9-23-24 with Client #2 revealed: -He was in the calming room with Client #1. -Client #1 was walking around, banging on walls. -Staff #1 pushed Client #1 by his shoulders. -Staff #1 pushed Client #1 into a corner. -Client #1 was hurt and was crying. Interview on 9-18-24 with Staff #1 revealed: -Client #1 and Client #2 were in the calming room. -Both Clients were banging on the wall. -She went in to the calming room and asked him to calm down. -Client #1 said he would not and that he wished he was dead and wanted to kill himself. -Client #1 had something in his hand, and since he was making suicidal threats, she felt that she needed to know what it was. -She approached him and he jumped back and hit the wall. -Client #1 dropped what was in his hand and when Staff #1 saw that it was just a fidget spinner, she left the calming room. -"I never even touched him." Interview on 9-23-24 with Staff #2 revealed:	V 536		

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V 536	Continued From page 6 -She directed both Client #1 and Client #2 into the calming room. -Client #1 was throwing things at the wall and banging the wall. Client #2 had calmed down. -Client #1 was throwing himself against the wall. -Staff #1 came in and asked him the stop. -Staff #1 told Client #1 to "just chill" and that he was aggravating her clients. -Client #1 had something in his hand and Staff #1 was trying to take it from him. -Client #1 back into the wall trying to get away. -Staff #2 saw Client #1's arm jerk into the wall several times, but did not see the final time when Client #1's back hit the wall. -Staff #1 did grab Client #1's hand, and Client #1 jerked away. Interview on 9-23-24 with the Director of the Transition Home revealed: -He was not in the calming room when Client #1 was having a behavior.	V 536		