STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-059			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		03	03/18/2025		
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	RESS, CITY, STATE, ZIP CODE			
		6220 TH	ERMAL ROAD				
LEXAND	ER YOUTH NETWORK	- PRTF (LIONS DEN) CHARLO	OTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COM TO THE APPROPRIATE		
V 000	INITIAL COMMENTS		V 000				
	category: 10A NCAC	ed for the following service 27G .1900 Psychiatric nt Facility for Children and					
		ed for 12 and has a current rvey sample consisted of ents.					
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110				
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessiona associate profession	4 COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for ls shall be supervised by an al or by a qualified ified in Rule .0104 of this					
	 (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified professionals shall d 	d abilities required by the					
	 (e) competence sha exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making 	including: edge; ess;					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL060-059	B. WING		03	8/18/2025	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
LEXAND	ER YOUTH NETWORK	- PRTF (LIONS DEN (ERMAL ROAD DTTE, NC 28211				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE CC		
V 110	Continued From page 1		V 110				
	develop and implement	skills; and ody for each facility shall ent policies and procedures e individualized supervision					
		nd interviews one of three (Staff #1) failed to show					
	revealed: -"Careless work signs of lack of job in the part of one perso	f facility policy number 2.05 , poor work habitsand other iterest and cooperation on on can be very dangerous ill remain awake and alert:					
	#1 sits down and is of phones on. -Staff #2 interac -At 1:20pm Staff has his chair turned is be playing a game. H phone. -At 1:28pm Staff	revealed: ents return from lunch, Staff on his phone with head					

98D511

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CON A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL060-059	B. WING		03/18/2025	
AME OF PROVIDER OR SUPPLIER		DDRESS, CITY, STATE, Z	PCODE		
LEXANDER YOUTH NETWORK	- PRTF (LIONS DEN)	DTTE, NC 28211			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETI DATE
V 110 Continued From pag	Continued From page 2				
-At 1:45pm all c #1 is still on phone. -At 2:30pm the of -At 2:33 pm Stathis phone. -At 2:33 pm Stathis phone. -At 2:34pm he tat puts down his phone. -At 2:27pm he of -At 2:51pm Statback on, and picked -Staff #1 does n Staff #2 is seen inter- cleaning the facility. Interview on 3-14-25 -His duties inclu help them with goals ways and proper too behavior. To help the appropriate ways an -He didn't remer- knew he was not sup and was not suppose -"The clients we activity, I don't remer- "But I am not of the kids." -He was listenin headphones, but he Interview on 3-14-25 -He could "guess him about Staff #1 a -"He (Staff #1) v and not interactive." -"I usually see h is how he usually do	lients and staff all leave, Staff clients return to the facility. ff #1 returns to the chair and akes off head phones, and e. got on a computer. ff #1 put his head phones up his phone. ot interact with the clients, racting with the clients, and is with Staff #1 revealed: de: To support the clients, to and help them find effective ls necessary to control em express anger in d give structure and stability. mber any phone policy, but he oposed to be on his phone ed to be on social media. re doing an independent mber." n the phone 24/7, I work with g to music with his had one side off of his ear. is with Staff #2 revealed: ss" what I was going to ask nd the video on 2-15-25. vas probably on his phone				

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-059 NAME OF PROVIDER OR SUPPLIER STREET		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING				
		ADDRESS, CITY, STATE,		03	/18/2025	
		6220 TH	ERMAL ROAD	, ZIP CODE		
	DER YOUTH NETWORK	- PRTF (LIONS DEN) CHARLO	OTTE, NC 28211			
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V 110	Continued From page 3		V 110			
	the situation, but he thinks other staff have.					
	revealed: -All staff know th be on the phone duri -The supervisors	with the first shift supervisor hat they are not supposed to ing their shift. Is have cameras in their ot in the office all the time to				

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