ITATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-059		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING				
				03	8/18/2025	
AME OF PF	OVIDER OR SUPPLIER		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 Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
∨ 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on 3-18-25. The complaints were substantiated (#NC00226907, #NC00227612, and #NC00227055). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment Facility for Children and Adolescents.					
		ed for 12 and has a current rvey sample consisted of ients.				
	This Statement of De 3-24-25.	eficiencies was amended on				
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals.	4 COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for Is shall be supervised by an al or by a gualified				
	professional as spec Subchapter. (c) Paraprofessional	ified in Rule .0104 of this				
	(d) At such time as a employment system then qualified profess professionals shall de	a competency-based is established by rulemaking, sionals and associate emonstrate competence. all be demonstrated by				
	exhibiting core skills (1) technical knowle	including:				

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		03/18/2025		
AME OF PI	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE,		10/2020	
	DER YOUTH NETWORK -	BRTE (LIONS DEN )	ERMAL ROAD			
		CHARLO	OTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLE DATE
V 110	Continued From page	e 1	V 110			
	develop and impleme	; lls; skills; and dy for each facility shall ent policies and procedures e individualized supervision				
	failed to ensure that o	as evidenced by: w and interviews the facility one of three audited staff monstrate competence. The				
	2-15-25 revealed: - 1:00pm the clie Staff #1 sits down at a looking at the screen #1 has his back to the at a large table to Sta and unidentified clien sitting on the couch to Staff #2 is interacting #5 and unidentified cl -1:20pm Staff #1 his chair turned to the playing a game. Clien	f the facility video dated ints return to the cottage, a desk and is on his phone with head phones on. Staff e desk. 4 clients are sitting aff #1's left (Clients #2,#4, #5 t), one unidentified client is to his right watching a movie. with clients (Clients #2,#4, lient) at the table. is still on phone, he now has e desk and appears to be nts are still to his left and over the phone. He has his				

Division of Health Service Regulation         STATEMENT OF DEFICIENCIES         AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA         IDENTIFICATION NUMBER:			(X2) MULTIPLE CON A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING				
		MHL060-059			03	/18/2025
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, Z	IP CODE		
ALEXAND	DER YOUTH NETWORK	- PRTF (LIONS DEN (	DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page 2		V 110			
V 110	<ul> <li>Continued From page 2 <ul> <li>1:28pm Staff #1 still on his phone, with his head bent over the phone, Staff #2 standing watching tv, clients are playing with puzzles.</li> <li>1:33pm Staff #2 stops watching TV and goes to the table where clients are playing with puzzles.</li> <li>1:45pm all clients and staff all leave in a group, walking together. Staff #1 is walking with the clients, but looking down at his phone. He does not have his headphones on at this time.</li> <li>2:30pm clients (#2, #4, #5, and 2 unidentified clients) and Staff #1 and Staff #2 return to the facility.</li> <li>2:33pm Staff #1 returns to the chair at the desk and gets back on his phone, and puts his head phones back on.</li> <li>2:34pm he takes off head phones, and puts down his phone.</li> <li>2:37pm Staff #1 got on a computer.</li> <li>2:51pm Staff #1 got off of the computer, put his head phones back on, and picked up his phone.</li> <li>Staff #1 can not be seen interacting with the clients during the length of the video, Staff #2 is seen interacting with the clients, and cleaning the facility day room.</li> </ul> </li> </ul>					
	-His duties inclu- help them with goals ways and proper tool behavior. To help the appropriate ways and -He didn't remer knew he was not sup and was not suppose - When shown p	d give structure and stability. nber any phone policy, but he posed to be on his phone ed to be on social media. ortions of the 2-15-25 video: ing an independent activity, I				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-059			(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		03/18/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LEXAND		- PRTF (LIONS DEN (	ERMAL ROAD DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	headphones when he one side off of his ea Interview on 3-14-25 -He could "predi- him about Staff #1 ar -"He (Staff #1) w and not interactive." -"I usually see hi Saturday, that is how his phone)." -"It does get tirin with the clients), It's a hoping it will give him -He has never sp the situation, but he to Interview on 3-14-25 revealed: -All staff know th be on the phone duri -He has address staff. -He was made a 14-25) by the Execut addressing it with Sta until the surveyor had -The supervisors	g to music with his e had them on, but he had r. with Staff #2 revealed: ct" what I was going to ask nd the video on 2-15-25. vas probably on his phone im (work with him) Friday and y he usually does (Staying on g (Staff #1 not interacting a lot. I try to lead by example, n (Staff #1) some initiative." poken to his supervisor about thinks other staff have. with the first shift supervisor nat they are not supposed to	V 110			

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