Division of Health Service Regulation

	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
ANDIL	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	iG:		PLETED	
l	1		P WING				
		MHL060-059	B. WING		03/	/18/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET/	ADDRESS, CITY, S	STATE, ZIP CODE			
ALEXAN	NDER YOUTH NETWORK -	- PRTF (LIONS DEN	HERMAL ROAD				
		CHARLO	OTTE, NC 2821	.11			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		BE	COMPLETE	
			1710	DEFICIENCY)	IATE	DATE	
V 00	INITIAL COMMENTS		V 000	Agency leadership has fully review	awed	4/21/2025	
1	INITIAL OUMINIER.		V 000	the concerns and has identified	ewed	1/ Au	
1	An annual and compl	laint survey were completed			CC		
,	on 3-18-25. The com	iplaints were substantiated		opportunities for retraining. The	stati		
,	(#NC00226907, #NC0	00227612. and		members involved will participat	te in the	4	
,	#NC00227055). Defici			following trainings(s): Clinical)		
ļ	Statement and the statement an			integration with special population	ons		
1				which is a training that embraces	direct		
J	This facility is licensed	d for the following service		care of staff knowledge and	direct		
J	category: 10A NCAC 2	27G .1900 Psychiatric		understanding of the population.	J	1	
J		nt Facility for Children and		Additionally, the staff members v	= :11	1	
	Adolescents.					1	
J	Transfer Historia			complete Abuse and Neglect Trai	ining.	ĺ	
1	This facility is licenseu	d for 12 and has a current		Also, VP of Residential Services		Ĺ	
	census of 11. The surv audits of 3 current clier	rvey sample consisted of		re-issue a memo regarding the use	e of	ĺ.	
J	addits of a confermance	nts.		electronics and distribute across a	all the	Á	
V 110	and accept Training/Cr			direct care staff. The training will			
V 119	27G .0204 Training/Su	pervision	V 110	completed no later than 4/21/25.	The		
	Paraprofessionals			memo was issues on 4/14/25.	The		
	10A NCAC 27G 0204	COMPETENCIES AND		11101110 Was 155405 011 1/17/25.			
	SUPERVISION OF PA	ARAPROFESSIONALS					
		privileging requirements for					
	paraprofessionals.	All the grid requirements to.					
	(b) Paraprofessionals	s shall be supervised by an					
	associate professional	l or by a qualified					
	professional as specifie	ied in Rule .0104 of this					
	Subchapter.			RECEWED			
	(c) Paraprofessionals			A DELAC GOOT			
	knowledge, skills and a	abilities required by the		APX IV ZUZO			
	population served.	Z		211021111111111111111111111111111111111			
	(d) At such time as a co	ompetency-based	, /	DHSR-MH Licensure Sect			
	then qualified professio	established by rulemaking,					
1	professionals shall dem	manetrate competence	1				
	(e) Competence shall be		1	RECEIVED			
	exhibiting core skills inc		1				
	(1) technical knowledge		1	APR 1 7 2025			
	(2) cultural awareness;						
1.0	(3) analytical skills;	,		DHSR-MH Licensure Sect			
1.7	(4) decision-making		1				

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

TITLE

(X6) DATE

PRINTED: 03/20/2025 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: MHL060-059 B. WING 03/18/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 THERMAL ROAD ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 110 Continued From page 1 V 110 (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on reviews and interviews one of three audited facility staff (Staff #1) failed to show competence. The findings are: Review on 3-17-25 of facility policy number 2.05 revealed: -"Careless work, poor work habits...and other signs of lack of job interest and cooperation on the part of one person can be very dangerous and harmful...staff will remain awake and alert...: Review on 3-14-25 of video from 2-15-25 12:30pm to 3:30pm revealed: - 1:00pm the clients return from lunch, Staff

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phone.

with puzzles.

phones on.

#1 sits down and is on his phone with head

-At 1:20pm Staff #1 is still on phone, he now has his chair turned to the desk and appears to be playing a game. His head down over the

-At 1:28pm Staff #1 still playing with phone, Staff #2 standing watching tv, clients are playing

-Staff #2 interacting with clients.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:						
			A. BUILDIN	NG:	COMPLETED			
1								
MHL060-059		MHL060-059	B. WING		03/	18/2025		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDDESS OFTE	07175 717 0000	1 00/	10/2020		
				STATE, ZIP CODE				
ALEXANDER YOUTH NETWORK - PRTF (LIONS DEN 6220 THERMAL ROAD								
	T		TTE, NC 282	11				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)		
PREFIX TAG	REGULATORY OR I	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE		
		HON ON LOCIDENTI TING INFORMATION)		CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	IATE DATE			
				DEI IOIENOT)				
V 110	Continued From page	2	V 110					
	-At 1:45pm all clie	ents and staff all leave, Staff						
	#1 is still on phone.	and drait air leave, drait						
		ents return to the facility.						
	-At 2:33 pm Staff:	#1 returns to the chair and						
	his phone.	" Tetaris to the chair and						
		es off head phones, and						
	puts down his phone.	or ricad priories, and						
	-At 2:27pm he go	t on a computer						
	-At 2:51pm Staff a	#1 put his head phones						
	back on, and picked up	his phone						
	-Staff #1 does not	t interact with the clients,						
	Staff #2 is seen interact	cting with the clients, and						
	cleaning the facility.	oung with the clients, and						
	orearming the radiity.							
	Interview on 3-14-25 w	ith Staff #1 revealed:						
	-His duties include: To support the clients, to							
	help them with goals and help them find effective							
	ways and proper tools necessary to control							
	behavior. To help them express anger in							
	appropriate ways and give structure and stability.							
	-He didn't remember any phone policy, but he							
	knew he was not supposed to be on his phone							
	and was not supposed							
		doing an independent						
	activity, I don't rememb	er."				- 1		
		ne phone 24/7, I work with						
	the kids."							
	-He was listening to	o music with his				- 1		
	headphones, but he had	d one side off of his ear.						
		a area of or or mo car.				ı		
	Interview on 3-14-25 wit	th Staff#2 revealed:						
		what I was going to ask						
1	him about Staff #1 and t	the video on 2-15-25						
		probably on his phone				- 1		
	and not interactive."	, and priorio						
		Friday and Saturday, that						
l i	s how he usually does."					- 1		
		t's a lot. I try to lead by		×		- 1		
	example, hoping it will g	ive him some initiative "						
`	-He has never snok	en to his supervisor about						
		on to his supervisor about				1		

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG:		(X3) DATE SURVEY COMPLETED	
		MHL060-059	B. WING_		03/	/18/2025	
	PROVIDER OR SUPPLIER	PRTF (LIONS DEN 6220 THE	DRESS, CITY, S RMAL ROAD TTE, NC 282		•	11	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
V 110	the situation, but he the Interview on 3-10-25 vertically revealed: -All staff know that be on the phone during -The supervisors	vith the first shift supervisor	V 110				

STATE FORM Leonard Shinhaster /VP

98D511

If continuation sheet 4 of 4