

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD CHARLOTTE, NC 28211</b>
---	---

(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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on April 30, 2025. The complaints were substantiated (intake #NC00228706 and #NC00228713). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and adolescents with Emotional or Behavioral Disturbances.</p> <p>This facility has a current census of 30 . The survey sample consisted of audits of 1 current client.</p>	V 000	<p style="text-align: center;"><b>RECEIVED</b> <b>MAY 28 2025</b> DHSR-MH Licensure Sect</p>	
V 132	<p>G.S. 131E-256(G) HCPR-Notification, Allegations, &amp; Protection</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes:</p> <p>a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.</p> <p>c. Misappropriation of the property of a healthcare facility.</p> <p>d. Diversion of drugs belonging to a health care facility or to a patient or client.</p>	V 132	<p>HR Director and Vice President for Performance Improvement reviewed and updated procedure for internal reviews of allegations against staff. When there is an allegation of abuse, neglect or exploitation against staff, HR and the Program Director will suspend the accused staff member from working with any clients in any program pending the outcome of the agency's investigation.</p> <p>Upon becoming aware of an allegation of abuse against a staff member, the Program Director, HR Director and Vice President for Performance Improvement immediately will meet to initiate the internal review. At this time, HR Director and Vice President for Performance Improvement will ensure the accused staff member is suspended and not working in any program pending the outcome of the investigation.</p> <p>The Vice President for Performance Improvement will monitor this process monthly for any allegations against staff to ensure it is followed as described.</p>	5/23/2025

Division of Health Service Regulation

--	--	--	--	--

Division of Health Service Regulation

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

*Christopher Wilton*  
TITLE *Regional Manager*

(X6) DATE  
*5/23/2025*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 132	<p>Continued From page 1</p> <p>e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to protect clients during an investigation of abuse, neglect or exploitation. The findings are:</p> <p>Review on 4/21/25 of the Qualified Professional's (QP) personnel record revealed: -Date of hire 2/28/22 -Job Title QP.</p> <p>Record Review on 4/21/25 at 12:00pm of the Facility's Video Footage dated 3/14/25 revealed: -Client #1 was in the classroom standing in a chair yelling, "Dummy! Dummy! Dummy!" -The QP said, "Don't start with me today, I'm the wrong one." -Staff #2 walked over to Client #1 and asked him to sit in the chair but he continued standing in the chair. -There was an unintelligible exchange of words between Client #1 and the QP. -The QP got up from her seat, walked over to Client #1, grabbed both of his shoulders and pushed him to the floor then walked back over to her seat. -Client #1 fell over to the right out of his chair on to the floor. -Client #1 got up off the floor, sat in his chair and</p>	V 132		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 132	<p>Continued From page 2</p> <p>made an unintelligible comment to the QP then Client #1 said, "Do something about it." in which the QP replied, "I just did."</p> <p>Review on 4/16/25 of the North Carolina Incident Response Improvement System (IRIS) revealed: -On 3/19/25 while reviewing video footage in reference to another incident, the Program Supervisor saw the QP walk over to Client #1 and pushed him out of his chair on 3/14/25. -Client #1 fell to the floor. -The QP walked back over to her seat and Client #1 got up and sat in his chair.</p> <p>Review on 4/21/25 of the facility's document titled "Internal Review Findings of Fact Summary- 3.31.24: Incident 3.19.25" revealed: -"Allegation: While reviewing video for another Internal Investigation, program manager saw staff (QP) pull client (Client #1) off a desk and 'throw the to the floor.' " -"The video shows the staff member (QP) approaching the youth (Client #1) after an exchange of words and then the youth is on the floor. The video is dark." -"The youth (Client #1) is repeatedly saying 'dummy.' The staff member (QP) can be heard saying 'Don't start with me today, I'm the wrong one.' After the physical exchanged the youth challenged the staff verbally to which she stated, 'I just did something about it.' " -"The cause of the incident is seen as staff member (QP) exacting revenge on the youth (Client #1) for challenging her. Staff was reactionary." -"Recommendations: It is recommended that the staff member (QP) be on a 60-day Performance Improvement Plan during which time she completed TCI (therapeutic crisis intervention) refresher training with a concentration on Handle</p>	V 132		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 132	<p>Continued From page 3</p> <p>with Care concepts that assist with being proactive and utilizing verbal de-escalation techniques as well as positive engagement strategies."</p> <p>Interview on 4/21/25 with the Program Supervisor revealed: -On 3/19/25 he was reviewing video footage in reference to another incident when he came upon footage of the QP pushing Client #1 out of his chair on 3/14/25. -Completed the NC IRIS report and reported the incident to Human Resources (HR) on 3/20/25. -HR did the internal investigation (3/27/25-3/31/25). -Did not question the QP. -Did not know the outcome of the internal investigation. -Client #1 did not sustain any injuries.</p> <p>Attempted interview on 4/25/25 with Client #1 revealed: -His legal guardian would not consent to an interview because Client #1 "does not speak good english and he has trouble following conversations."</p> <p>Interview on 4/28/25 with Staff #2 revealed: -Did not remember a lot of the details of the incident between the QP and Client #1 on 3/14/25. -Remembered Client #1 was disrupting the other clients and "talking back, calling staff names like black B**ch." -"Whatever you saw on the video is what happened. I think she (QP) just lost her cool for a minute. That kid (Client #1) would push and push and push." -Did not hear the QP and Client #1 arguing with each other.</p>	V 132		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 132	<p>Continued From page 4</p> <p>Interview on 4/28/25 the QP revealed: -On 3/14/25 Client #1 kept using the saying "clock that tea" and in a jokingly way she said "I will." -"I walked over to his desk and tickled him and he wiggled out of his chair. I was playing with him, I wasn't trying to harm him." -"I'm not that kind of person to harm children." -"It was a playful interaction." -Denied telling Client #1 "Don't start with me today, I'm the wrong one." -Denied Client #1 was standing in his chair yelling "Dummy." -Did not pull Client #1 out of his chair on to the floor. -Could not recall which days she worked between 3/27/25 and 3/31/25.</p> <p>Interview on 4/22/25 with the HR Director revealed: -The QP was suspended from the day program pending investigation on 3/27/25. -The QP worked with another program while under investigation. -The internal investigation took place from 3/27/25 to 3/31/25. -Did not know the QP was not supposed to work with any clients while under investigation. -"I thought the suspension was just for the day program."</p> <p>Interview on 4/29/25 with the Vice President of Performance Improvement revealed: -Did not have a lot of details about the incident between the QP and Client #1. -Verified the QP was allowed to work in another Program while under investigation for abusing Client #1. -The internal investigation was 3/27/25 through 3/31/25.</p>	V 132		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 132	Continued From page 5 -The QP was terminated on 4/29/25.	V 132		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 1 Qualified Professional (QP) abused 1 of 1 client (#1). The findings are:</p> <p>Review on 4/16/25 of Client #1's record revealed: - 9 years old</p>	V 512	<p>The Day Treatment Program Manager will continue to have staffing meetings with each staff member. In this meeting the program manager will reiterate the importance of appropriate therapeutic interventions. The program staff will conduct frequent check-ins with each client, especially with children that have a tendency or history of constantly antagonizing others for long periods of time. When staff become frustrated staff will tag out, reach out to the supervisor, and step away to take a break outside away from the escalated client.</p> <p>The program manager will use the model of care (MOC) observation forms monthly to monitor each staff member regardless of the staff's credentials of QP, AP or paraprofessional, to prevent the problem from occurring again. The Program Manager will use the MOC Observation Forms to ensure the staff are engaging in therapeutic interventions, effectively regulating their own emotions and following effective classroom guidelines and expectations. The Program Manager will give feedback to each staff member after the observation. The Program Manager will routinely monitor each classroom throughout the days to provide oversight and support as needed.</p> <p>The Regional Director will review compliance and quality of the MOC forms monthly to ensure monitoring is completed.</p>	5/23/2025

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 512	<p>Continued From page 6</p> <ul style="list-style-type: none"> <li>-Diagnoses of Oppositional Defiant Disorder and Posttraumatic Stress Disorder</li> </ul> <p>Review on 4/21/25 of the QP's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-Date of hire 2/28/22</li> <li>-Job Title QP.</li> <li>-Abuse training on 9/18/24.</li> </ul> <p>Review on 4/21/25 at 12:00pm of the Facility's Video Footage dated 3/14/25 revealed:</p> <ul style="list-style-type: none"> <li>-Client #1 was in the classroom standing in a chair yelling, "Dummy! Dummy! Dummy!"</li> <li>-The QP said, "Don't start with me today, I'm the wrong one."</li> <li>-Staff #2 walked over to Client #1 and asked him to sit in the chair but he continued standing in the chair.</li> <li>-There was an unintelligible exchange of words between Client #1 and the QP.</li> <li>-The QP got up from her seat, walked over to Client #1, grabbed both of his shoulders and pulled him to the floor then walked back over to her seat.</li> <li>-Client #1 fell over to the right of the chair on to the floor.</li> <li>-Client #1 got up off the floor, sat in his chair then made an unintelligible comment to the QP and challenged the QP to "Do something about it" in which the QP replied, "I just did."</li> </ul> <p>Review on 4/16/25 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> <li>-On 3/19/25 while reviewing video footage in reference to another incident, the Program Supervisor saw the QP walk over to Client #1 and pushed him out of his chair on 3/14/25.</li> <li>-Client #1 fell to the floor.</li> <li>-The QP walked back over to her seat and Client #1 got up and sat in his chair.</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 512	<p>Continued From page 7</p> <p>Review on 4/21/25 of the facility's document titled "Internal Review Findings of Fact Summary- 3.31.24: Incident 3.19.25 revealed:                      -"Allegation: While reviewing video for another Internal Investigation, program manager (Program Supervisor) saw staff (QP) pull client (Client #1) off a desk and throw the to the floor.                      -The video shows the staff member (QP) approaching the youth (Client #1) after an exchange of words and then the youth is on the floor. The video is dark.                      -The youth (Client #1) is repeatedly saying dummy. The staff member (QP) can be heard saying 'Don't start with me today, I'm the wrong one.' After the physical exchanged the youth challenged the staff verbally to which she stated, 'I just did something about it.'                      -The cause of the incident is seen as staff member (QP) exacting revenge on the youth (Client #1) for challenging her. Staff was reactionary.                      -Recommendations: It is recommended that the staff member (QP) be on a 60-day Performance Improvement Plan during which time she completed TCI (therapeutic crisis intervention) refresher training with a concentration on Handle with Care concepts that assist with being proactive and utilizing verbal de-escalation techniques as well as positive engagement strategies."</p> <p>Interview on 4/21/25 with the Program Supervisor revealed:                      -On 3/19/25 he was reviewing video footage in reference to another incident when he came upon footage of the QP pushing Client #1 out of his chair on 3/14/25.                      -Completed the NC IRIS report and reported the incident to Human Resources (HR) on 3/20/25.</p>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 512	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-HR did the internal investigation (3/27/25-3/31/25).</li> <li>-Did not question the QP.</li> <li>-Did not know the outcome of the internal investigation.</li> <li>-Client #1 did not sustain any injuries.</li> </ul> <p>Attempted interview on 4/25/25 with Client #1 revealed:</p> <ul style="list-style-type: none"> <li>-His legal guardian would not consent to an interview because Client #1 "does not speak good english and he has trouble following conversations."</li> </ul> <p>Interview on 4/28/25 with Staff #2 revealed:</p> <ul style="list-style-type: none"> <li>-Did not remember a lot of the details of the incident between the QP and Client #1 on 3/14/25.</li> <li>-Remembered Client #1 was disrupting the other clients and "talking back, calling staff names like black B***h."</li> <li>-"Whatever you saw on the video is what happened. I think she (QP) just lost her cool for a minute. That kid (Client #1) would push and push and push."</li> <li>-Did not hear the QP and Client #1 arguing with each other.</li> <li>-Did not know if Client #1 sustained any injuries.</li> </ul> <p>Interview on 4/28/25 the QP revealed:</p> <ul style="list-style-type: none"> <li>-On 3/14/25, Client #1 kept using the saying "clock that tea" and in a jokingly way she said "I will."</li> <li>-"I walked over to his desk and tickled him and he wiggled out of his chair. I was playing with him, I wasn't trying to harm him."</li> <li>-"I'm not that kind of person to harm children."</li> <li>-"It was a playful interaction."</li> <li>-Denied telling Client #1 "Don't start with me today, I'm the wrong one."</li> </ul>	V 512		
-------	---	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 512	<p>Continued From page 9</p> <ul style="list-style-type: none"> <li>-Denied Client #1 was standing in his chair yelling "Dummy."</li> <li>-Did not pull Client #1 out of his chair on to the floor.</li> </ul> <p>Interview on 4/22/25 with the HR Director revealed:</p> <ul style="list-style-type: none"> <li>-The QP was suspended from the day program pending investigation on 3/27/25.</li> <li>-The QP worked with another program while under investigation.</li> <li>-The internal investigation took place from 3/27/25 to 3/31/25.</li> <li>-The QP was put on a 60 day performance plan.</li> <li>-The QP had to retake TCI training, "Handle with Care" on 3/31/25.</li> </ul> <p>Interview on 4/29/25 with the Vice President of Performance Improvement revealed:</p> <ul style="list-style-type: none"> <li>-Did not have a lot of details about the incident between the QP and Client #1.</li> <li>-Verified the QP was allowed to work in another Program while under investigation for abusing Client #1.</li> <li>-The internal investigation was 3/27/25 through 3/31/25.</li> <li>-The QP was terminated on 4/30/25.</li> </ul> <p>Review on 4/30/25 of the Plan of Protection dated 4/30/25 signed by the Vice President of Performance Improvement revealed:</p> <ul style="list-style-type: none"> <li>-"What immediate action will the facility take to ensure the safety of the consumers in your care?"</li> </ul> <p>[QP] was terminated from employment with [Licensee] on 4/29/2025 and has not worked with any children since 4/4/2025.</p> <p>Describe your plans to make sure the above happens.</p>	V 512		
-------	--	-------	--	--

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL060968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/30/2025</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ALEXANDER YOUTH NETWORK - CHARLOTT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6220-D THERMAL RD</b> <b>CHARLOTTE, NC 28211</b>
---	---

(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 512	<p>Continued From page 10</p> <p>Human Resources has removed [QP] access to all systems and locations effective 4/29/2025."</p> <p>Client #1 was 9 years old with diagnoses of Oppositional Defiant Disorder and PostTraumatic Stress Disorder. On 3/19//25, Client #1 was seen on a video from 3/14/25 standing in his chair and yelling the word dummy. The QP told Client #1, don't start with me today, I'm the wrong one. The QP walked over to Client #1, grabbed both of his shoulders, pulled him to the floor. Client #1 ended up on the floor beside the chair. This Deficiency constitutes a Type A1 rule violation for serious abuse and must be corrected with in 23 days.</p>	V 512		
-------	---	-------	--	--