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: _ B. WING mhl060-972 07/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 - B THERMAL ROAD ALEXANDER YOUTH NETWORK - DICKSON UI CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on July 30. 2025. The complaints were substantiated (#NC00232227 and #NC00232235). A deficiency 8/29/2025 V 110 was cited. Correction: 1. Program Supervisor will review the Incident This facility is licensed for the following service Reporting Procedure and the Child Protection Policy category: 10A NCAC 27G .1900 Psychiatric with Behavioral Health Counselors (BHCs). Residential Treatment Facility for Children or 2. Program Manager will attend staff meetings to Adolescents. ensure communication of expectations with all staff has been provided by Program Supervisors. This facility is licensed for 6 and has a current census of 6. The survey sample consisted of Prevention: audits of 1 current client. 1. Supervisors will train staff on incident reporting guidelines during onboarding and provide refreshers 8/29/2025 V 110 27G .0204 Training/Supervision V 110 during monthly meetings as needed then 2. Supervisors will regularly monitor trainings in the Paraprofessionals ongoing training system (Relias) and ensure all staff have completed the client specific training annually. 10A NCAC 27G .0204 COMPETENCIES AND 3. Supervisor will provide monthly individual SUPERVISION OF PARAPROFESSIONALS supervision to all para professionals and document (a) There shall be no privileging requirements for supervisions in the HRIS paraprofessionals. Monitor: (b) Paraprofessionals shall be supervised by an effective 1. Supervisor will review all incidents and ensure the associate professional or by a qualified immediately necessary documentation and reporting guidelines are professional as specified in Rule .0104 of this then Subchapter. 2. Supervisor will review training transcripts of ongoing (c) Paraprofessionals shall demonstrate Behavioral Health Counselors and ensure compliance knowledge, skills and abilities required by the with training. population served. 3. Learning and Development will conduct random audits to ensure compliance with training and report (d) At such time as a competency-based any instances of noncompliance with program leaders employment system is established by rulemaking, to assist in developing a plan for correction. then qualified professionals and associate 4. Program Manager will regularly review training professionals shall demonstrate competence. transcripts and review monthly supervisions provided (e) Competence shall be demonstrated by by Program Supervisors to program oversight of exhibiting core skills including: expectaitons and ensure compliance. (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills;

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

(Dr Malisa S. Shuler

ROJK11 Executive Director

8/7/25
If continuation sheet 1 of 4

Division	of Health Service Re	egulation			TWO BATE CHEVEY
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A. BUILDING:		
					C
		mhl060-972	B. WING		07/30/2025
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
6220 - B THERMAL ROAD					
ALEXANDER YOUTH NETWORK - DICKSON UI CHARLOTTE, NC 28211					
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 110	Continued From page 1		V 110		
	(6) communication(7) clinical skills.(f) The governing between the develop and implessor the initiation of the communication.	100 mg			
	Based on record re interviews the facil (#2) demonstrated required by the popare: Review on 7/21/25 6/24/25 at 7:11 pm -Client #1 was hav -Staff #2 went in C deescalate Client #1 -Client #1 continue -Former Staff (FS) and grabbed Client him out of the facil -Staff #2 was was Client #1. Review on 7/23/25	ring a behavior in his bedroom. Client #1's bedroom tried to #1 but was unsuccessful. Ed to scream very loudly. Ed #3 went in Client #1's room to #1 by both arms and carried lity. En the room with FS #3 and End of photo provided by Client of Social Services (DSS) Legal			
	-pink and purple 2 inner upper right a armpit.	inch bruises on Client #1's arm and the side of his right atches on his inner upper left			

Division of Health Service Regulation
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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: _ C B. WING mhl060-972 07/30/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6220 - B THERMAL ROAD **ALEXANDER YOUTH NETWORK - DICKSON UI** CHARLOTTE, NC 28211 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) V 110 Continued From page 2 V 110 Interview on 7/21/25 with Client #1 revealed: -On 6/24/25, we was upset because Staff #1 told him to shower but he didn't want to. -"I started screaming and cursing because I was mad." -Staff #2 came in his bedroom to talk to him but he wanted to be left alone. -"[FS #3] came and grabbed me by my arms really hard and carried me to the manager's office." -Had bruises on both of his arms where FS #3 grabbed him. -"I said, "stop! You're hurting me."" -Felt safe at the facility. Attempted interview with FS #3 on 7/21/25 and 7/22/25 but was unsuccessful. Interview on 7/22/25 with Staff #2 revealed: -On 6/24/25 she was asked to help deescalate Client #1. -Client #1 was in his bedroom screaming and cursing, but she did not know why he was upset. -Was unsuccessful deescalating Client #1. -FS #3 came in Client #1's bedroom and grabbed Client #1 to "escort" him out of the facility. -Knew that FS #3 grabbed Client #1 inappropriately. -Did not report the grab to management. Interview on 7/21/25 with the Qualified Professional revealed: -Learned of the incident from Client #1's DSS Legal Guardian on 6/26/25. -Conducted an internal investigation.

Staff #2. Division of Health Service Regulation

-Staff #1, #2 and FS #3 were interviewed. -Staff #2 did not report witnessing the incident. -Would provide more training on reporting for

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C 07/30/2025 B. WING __ mhl060-972 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6220 - B THERMAL ROAD ALEXANDER YOUTH NETWORK - DICKSON UI CHARLOTTE, NC 28211 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

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