STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL090-177	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALEXANDER YOUTH NETWORK-PORTER RID	2843 RIDGE RD, CLASSROOMS E-102 & E-104 INDIAN TRAIL, NC 28079

(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	INITIAL COMMENTS A complaint survey was completed on 07/23/2025. The complaint were unsubstantiated (Intake #NC00231338). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1400 Day Treatment for Children and Adolescents with Emotional or Behavioral Disturbances. This facility has a current census of 9. The survey sample consisted of audits of 1 current client.	V 000		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify Health Care Personnel Registry (HCPR) within 24 hours of learning about allegations of abuse affecting 1 of 1 Staff (Staff	V 318	The measures that will be put in place to correct the deficiencies are as follows. Once an allegation is made the first step will be for the Program Manager to reach out to the Executive Director/Regional Manager. The Executive Director will gather the leadership team and the performance improvement team (PI) within 24hrs together to develop an internal review plan. If the client is in multiple Alexander Youth Network programs, the Executive Director will work with the programs to determine who is responsible for entering the incident and entering it in IRIS. The program will be responsible for entering the Incident report (including restrictive interventions and HCPR reports) within the allotted time. Once the incident is entered into Alexander's system, the Program Manager will reach out to Case Support Staff and copy the Executive Director/Regional Manager in the email to enter the IRIS. If Case Support Staff is not available, the Executive Director/Regional Manager will ensure the incidents are entered into IRIS within the required timeframes.	8/29/2025

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V 318	Continued From page 1 #1). The findings are: Review on 07/21/2025 of Staff #1's personnel record revealed: -Hire date 07/10/2024. -Job Title of Behavior Health Technician. Review on 07/21/2025 of the facility's records revealed: -A copy of a HCPR Screen out letter for the allegation of abuse against Staff #1 dated 06/11/2025. -A copy of an Internal Investigation for the allegation of abuse against Staff #1 dated 06/04/2025. -A copy on an Internal Panel review for the allegation of abuse against Staff #1 dated 06/06/2025. Review on 07/21/2025 of the NC Incident Response Improvement System (IRIS) for the facility reports from 04/15/2025-07/17/2025 revealed: -A Level III incident report for the allegation of abuse made by Client #1 against Staff #1 last submitted 06/12/2025. Review on 07/21/2025 of an IRIS Report dated 06/12/2025 for Client #1 revealed: -The incident occurred on 05/29/2025. -The provider learned of the incident on 05/29/2025. -Incident Information: "Yes" specified for Allegation against facility. "Yes" specified for will this allegation require a submission of a consumer incident report. -The HCPR Facility Allegation section was completed. -The resident abuse box was checked. -Staff #1 was identified as the accused of resident	V 318	The Program Managers and staff will have additional training in process for documenting incident reports and the timeframe of reporting of allegations/incidents. Regional Manager will monitor the RI dashboard daily but no less than every other day and do follow ups with the Program Managers on any issues or updates that may be needed on the incident reports/IRIS reports in a timely manner.	

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V 318	Continued From page 2 abuse. -Provider Comments dated 06/09/2025: "IIH (Intensive In Home) staff conducted scheduled session with the consumer on 5/29/2025. Consumer and staff have been working together to develop and strengthen healthy boundaries across all settings and within the consumer's communication pattern. At a point during the session, the consumer provided an unsolicited report of saying "[Staff #1] said he was going to rape me". "[Staff #1]" is a Day Treatment staff member known as [Staff #1]." -The IRIS report was submitted 11 days after Client #1 made the allegation against Staff #1 and not within 24 hours as required. Interview on 07/21/2025 with Staff #1 revealed: -Did not know the date of the allegation made against him by Client #1. Interviews on 07/21/2025 and 07/23/2025 with the Program Manager revealed: -"I don't recall the exact date of the incident (date Client #1 made the allegation against Staff #1)." -"We did not make a report to them (HCPR)." -The IIH team may have reported to HCPR. -Did not report the allegation against Staff #1 to HCPR within 24 hours. Interview on 07/23/2025 with the Therapist revealed: -"I do not recall the date (Client #1 made the allegation against Staff #1), I know there was EOG (End of Grade) testing. -"I was just notified of the incident from IIH." -Did not report the allegation against Staff #1 to HCPR within 24 hours. Interview on 07/21/2025 and 07/23/2025 with the	V 318		

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V 318	Continued From page 3 Regional Manager revealed: -"He (Client #1) was receiving Intensive in Home at the house when he reported (the allegation of abuse against Staff #1). -"From my understanding, I don't think Day Treatment did it (reported to HCPR)." -Did not report the allegation against Staff #1 to HCPR within 24 hours. Interview on 07/23/2025 with the Performance Improvement Coordinator revealed: -"IIH was the lead on this, so they did what was needed."	V 318		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident;	V 367	The measures that will be put in place to correct the deficiencies are as follows. Once programs learn of a critical incident, the first step will be for the Program Manager to reach out to the Executive Director/Regional Manager. The Executive Director will gather the leadership team and the performance improvement team (PI) within 24hrs together to develop an internal review plan. If the client is in multiple Alexander Youth Network programs, the Executive Director will work with the programs to determine who is responsible for entering the incident and entering it in IRIS. The program will be responsible for entering the Incident report (including restrictive interventions and HCPR reports) within the allotted time. Once the incident is entered into Alexander's system, the Program Manager will reach out to Case Support Staff and copy the Executive Director/Regional Manager in the email to enter the IRIS. If Case Support Staff is not available, the Executive Director/Regional Manager will ensure the incidents are entered into IRIS within the required timeframes.	8/29/2025

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V 367	Continued From page 4 (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided	V 367	The Program Managers and staff will have additional training in process for documenting incident reports and the timeframe of reporting of allegations/incidents. Regional Manager will monitor the RI dashboard daily but no less than every other day and do follow ups with the Program Managers on any issues or updates that may be needed on the incident reports/IRIS reports in a timely manner.	

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V 367	Continued From page 5 by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report all level II and III incidents in the Incident Response Improvement System (IRIS) and notify the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services were provided as required after becoming aware of the incident. The findings are: Review on 07/23/2025 of the facility's incident reports revealed: -A facility incident report for the physical restraint of Client #3 dated 05/19/2025. -A facility incident report for the physical restraint	V 367		

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V 367	Continued From page 6 of Client #1 dated 05/23/2025. -A facility incident report for the physical restraint of Client #4 dated 06/05/2025. -A facility incident report for the physical restraint of Client #4 dated 06/18/2025. Reviews on 07/21/2025 and 07/23/2025 of IRIS from 04/15/2025-07/17/2025 revealed: -IRIS reports and LME/MCO notifications were not submitted for the incidents identified above. Review on 07/21/2025 of an IRIS Report dated 06/12/2025 for Client #1 revealed: -The incident occurred on 05/29/2025. -The provider learned of the incident on 05/29/2025. -Incident Information: "Yes" specified for Allegation against facility. "Yes" specified for will this allegation require a submission of a consumer incident report. -The HCPR Facility Allegation section was completed. -The resident abuse box was checked. -Staff #1 was identified as the accused of resident abuse. -Provider Comments dated 06/09/2025: "IIH (Intensive In Home) staff conducted scheduled session with the consumer on 5/29/2025. Consumer and staff have been working together to develop and strengthen healthy boundaries across all settings and within the consumer's communication pattern. At a point during the session, the consumer provided an unsolicited report of saying "[Staff #1] said he was going to rape me". "[Staff #1]" is a Day Treatment staff member known as [Staff #1]." -The IRIS report was submitted 11 days after Client #1 made the allegation against Staff #1 and not within 24 hours as required.	V 367		

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V 367	Continued From page 7 Interview on 07/23/2025 with the Program Manager revealed: -"I think that I did everything, but I forgot to hit submit on it (IRIS reports for the above incidents)." -"I would think it (IRIS report for Client #1's allegation of abuse against Staff #1 incident dated 05/29/2025) would have been done by the IIH team since they are the ones that did the report." Interview on 07/23/2025 with the Therapist revealed: -"We have a system in place, a specialist that puts them (IRIS reports) in within a couple of hours. I think the specialist will put them in within 48 or 72 hours ..." Interviews on 07/21/2025 and 07/23/2025 with the Regional Manager revealed: -"They (IIH) did the IRIS (for Client #1's allegation of abuse against Staff #1 incident dated 05/29/2025) ..." -"[Program Manager] had put it (IRIS reports for the above incidents) in. We were supposed to follow our process to let [Access Specialist], but I don't think he reached out to her at the time." -"From what I am seeing, they did put the IRIS (reports) in but they did not put the location ID." -"Normally, it does give a date. So, what I am thinking there is something not completed." -"For it not to happen again, I will have the access department to enter all IRIS's for our program."	V 367		