STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL060968		B. WING			C 30/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
ALEXAN	DER YOUTH NETWO	RK - CHARLOTTI		HERMAL RD FTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000					
	2025. The complain	was completed on Ants were substantiate #NC00228713). Def	ed (intake				
	category: 10A NCA	sed for the following C 27G .1400 Day Tro olescents with Emot ances.	eatment				
		urrent census of 30 . sisted of audits of 1 o					
	9/9/25 as a result o 7/22/25. Rule 10A from Harm, Abuse, amended from a Ty NCAC 27G .0203 0	Deficiencies was amout the informal meeting NCAC 27D .0304 P. Neglect or exploitation at the Associate Profession	ig on rotection on was Rule 10A alified				
V 109	27G .0203 Privilegi	ng/Training Profession	onals	V 109			
	QUALIFIED PROFI ASSOCIATE PROFI (a) There shall be a qualified profession (b) Qualified professionals shall and abilities require (c) At such time as employment system then qualified profe professionals shall	ressionals no privileging require nals or associate professionals and associate demonstrate knowle about the population of a competency-base n is established by russionals and associate demonstrate competency nall be demonstrated s including:	ements for fessionals. te dge, skills served. ed ulemaking, ate tence.				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		o. I `	•	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		MHL060968	B.	. WING		_	0/2025
NAME OF	PROVIDER OR SUPPLIER	STF	REET ADDRE	ESS, CITY, S	TATE, ZIP CODE		
ALEXAN	IDER YOUTH NETWO	IRK - CHARLOLLE	20-D THER IARLOTTE		11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	(2) cultural awarer (3) analytical skills (4) decision-makir (5) interpersonal s (6) communication (7) clinical skills. (e) Qualified profe NCAC 27G .0104 (met the requirement employment system MH/DD/SAS. (f) The governing I develop and impler for the initiation of a plan upon hiring ea (g) The associate supervised by a qu population served for	ness; ;; ng; kills;	0A ve ised Il ures sion al.	/ 109			
	Based on record re Qualified Professio	et as evidenced by: eviews and interviews, 1 onal (QP) failed to demon lls, and abilities to meet the findings are:	strate				
	- 9 years old -Diagnoses of Opp Posttraumatic Stre		r and				
	Review on 4/21/25 revealed: -Date of hire 2/28/2	of the QP's personnel re	cord				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	D WING		I	С	
MHL060968	B. WING		04/3	30/2025	
ALEXANDER YOUTH NETWORK - CHARLOTT! 6220-D T	DDRESS, CITY, ST. HERMAL RD	,			
CHARLO	TTE, NC 2821	1			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 109 Continued From page 2 -Job Title QPAbuse training on 9/18/24. Review on 4/21/25 at 12:00pm of the Facility's Video Footage dated 3/14/25 revealed: -Client #1 was seen sitting in his chairThe QP got up from her seat, walked over to Client #1, pulled him to the floor and then walked back to her seatClient #1 got up off the floor and sat in his chair. 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 3/14/25Client #1 fell to the floorThe QP walked back over to her seat and Client #1 got up and sat in his chair. 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 floorThe 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 darkThe 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.'	V 109				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED		
		MHL060968		B. WING			C 30/2025
	PROVIDER OR SUPPLIER	RK - CHARLOTTI	6220-D TI	DRESS, CITY, S HERMAL RD ITE, NC 282	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM.	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	(Client #1) for chall reactionaryRecommendations staff member (QP) Improvement Plan completed TCI (the refresher training with Care concepts proactive and utilizitechniques as well strategies." Interview on 4/21/2 revealed: -On 3/19/25 he was reference to another footage of the QP probair on 3/14/25Completed the Notincident to Human -HR did the interna 3/31/25)Did not question the Did not know the conversigationClient #1 did not so Attempted interview revealed: -His legal guardian interview because of good english and honoversations." Interview on 4/28/2-Did not remember incident between the 3/14/25Remembered Clie	enging her. Staff was s: It is recommended be on a 60-day Perf during which time sh erapeutic crisis interv with a concentration of that assist with bein ng verbal de-escalat as positive engagem 5 with the Program S ereviewing video for er incident when he coushing Client #1 out coushing Client #1 out the IRIS report and rep Resources (HR) on 3 I investigation (3/27/2) and QP. butcome of the intern	d that the formance he vention) on Handle hightion hent Supervisor otage in came upon the of his horted the 3/20/25. 25- hal ent #1 o an appeak higher	V 109			

Division of Health Service Regulation

STATE FORM 6899 KUZI11 If continuation sheet 4 of 11

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	` ′		COMPLETED	
						•
		MHL060968	B. WING		1	0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AI EVAN	DER YOUTH NETWO	PK CHARLOTTE 6220-D TI	HERMAL RD			
ALEXAN	DER TOUTH NETWO	CHARLOTTE CHARLO	TTE, NC 282	:11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	Continued From pa	ige 4	V 109			
	happened. I think s minute. That kid (C and push." -Did not hear the Q each other. -Did not know if Clic Interview on 4/28/2 -On 3/14/25, Client "clock that tea" and will." -"I walked over to h wiggled out of his c wasn't trying to hard "lt was a playful intopenied telling Client today, I'm the wrong -Denied Client #1 w "Dummy."	#1 kept using the saying I in a jokingly way she said "I is desk and tickled him and he hair. I was playing with him, I m him." If person to harm children." teraction." Int #1 "Don't start with me				
	revealed: -The QP was suspending investigation					
	under investigation -The internal invest 3/27/25 to 3/31/25. -The QP was put or	ith another program while . igation took place from n a 60 day performance plan. ake TCI training, "Handle with				
	Performance Impro	5 with the Vice President of ovement revealed: of details about the incident				

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STATE FORM 6899 KUZI11 If continuation sheet 5 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL060968	B. WING		04/3	30/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
		6220-D TI	HERMAL RD			
ALEXAN	DER YOUTH NETWO	IRK - CHARLOLLI	TTE, NC 282	11		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 109	Continued From pa	age 5	V 109			
V 109	between the QP ar-Verified the QP was Program while und Client #1. -The internal investing 3/31/25. -The QP was terminated with the Performance Improgram while und Client #1. -The internal investing 3/31/25. -The QP was terminated by the Performance Improgram what immediate ensure the safety of [QP] was terminated [Licensee] on 4/29/20 any children since with the performance of the Perf	and Client #1. As allowed to work in another er investigation for abusing tigation was 3/27/25 through anated on 4/30/25. Of the Plan of Protection dated the Vice President of exement revealed: action will the facility take to of the consumers in your care? The ded from employment with 1/2025 and has not worked with	V 109			
	Client #1 was 9 year Oppositional Defian Stress Disorder. O on a video from 3/1 Qualifed Profession walked over to Clie to the floor, and the Client #1 got up off This deficiency cor which is detrimenta	ars old with diagnoses of ant Disorder and Post Traumatic in 3/19//25, Client #1 was seen 14/25 sitting in his chair. The nal got up from her seat, ent #1, grabbed him, pulled him en walked back to her seat. If the floor and sat in his chair institutes a Type B violation all to the health, safety and its and must be corrected				
V 132	G.S. 131E-256(G) Allegations, & Prote		V 132			

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6899 KUZI11 If continuation sheet 6 of 11

STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				B. WING		
		MHL060968	B. WING		04/3	0/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AL EVAN	DED VOLITU NETWO	BIC GUARLOTTI 6220-D TH	HERMAL RD			
ALEXAN	DER YOUTH NETWO	CHARLOTTI CHARLOT	TTE, NC 282	111		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 132	Continued From pa	ige 6	V 132			
	REGISTRY (g) Health care faci Department is notif health care person unknown source, w any act listed in sub (which includes: a. Neglect or abus facility or a person as defined by G.S. b. Misappropriatio in a health care fac (b) of this section ir care services as de hospice services as are being provided c. Misappropriatio healthcare facility. d. Diversion of dru facility or to a patien e. Fraud against a a patient or client fo providing services) Facilities must hav acts are investigate to protect residents investigations must Department within notification to the D This Rule is not me Based on record re facility failed to profe	In of the property of a Jugs belonging to a health care on the or client. A health care facility or against or whom the employee is the evidence that all alleged and must make every effort of from harm while the rogress. The results of all the temporal to the five working days of the initial				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED	
		MHL060968	B. WING		I	C 30/2025
	PROVIDER OR SUPPLIER	RK - CHARLOTTI 622	EET ADDRESS, CITY, S 0-D THERMAL RD ARLOTTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 132	(QP) personnel rec-Date of hire 2/28/2-Job Title QP. Review on 4/21/25 Video Footage date-Client #1 was seer-The QP got up fror Client #1, pulled hir back to her seatClient #1 got up of Review on 4/16/25 Response Improve-On 3/19/25 while reference to anothe Supervisor saw the pushed him out of I-Client #1 fell to the-The QP walked ba #1 got up and sat in Review on 4/21/25 "Internal Review Firm 3.31.24: Incident 3-"Allegation: While Internal Investigation (QP) pull client (Cliethe to the floor.'" -"The video shows approaching the yoexchange of words floor. The video is co-"The youth (Client 'dummy.' The staff saying 'Don't start yone.' After the physical extension of the property of the proof of the physical extension of the physical extension of the proof of the physical extension of	of the Qualified Profession ord revealed: 22 at 12:00pm of the Facility's d 3/14/25 revealed: a sitting in his chair. In her seat, walked over to me to the floor and then was feed the North Carolina Incident System (IRIS) revealed: In the floor and sat in his close of the North Carolina Incident System (IRIS) revealed: In the floor and sat in his close of the North Carolina Incident System (IRIS) revealed: In the floor and sat in his close of the Program (IRIS) revealed: In the schair on 3/14/25. In the facility's document in the condition of the facility's document in the facility's document in the condition of the facility's document in th	o lked hair. dent aled: I and lient titled er staff ow the rd ng			

Division of Health Service Regulation

STATE FORM 6899 KUZI11 If continuation sheet 8 of 11

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		MHL060968		B. WING			C 30/2025
	PROVIDER OR SUPPLIER	RK - CHARLOTTE 62	220-D TH	RESS, CITY, S ERMAL RD TE, NC 282	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIO		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	-"The cause of the member (QP) exact (Client #1) for chall reactionary." -"Recommendation staff member (QP) Improvement Plan completed TCI (the refresher training with Care concepts proactive and utilizitechniques as well strategies." Interview on 4/21/2 revealed: -On 3/19/25 he was reference to another footage of the QP process completed the NC incident to Human IIII - HR did the international 3/31/25)Did not question the Did not know the conversigationClient #1 did not set Attempted interview revealed: -His legal guardian interview because (good english and honoversations." Interview on 4/28/2-Did not remember	incident is seen as staff ting revenge on the you enging her. Staff was as: It is recommended the be on a 60-day Perform during which time she rapeutic crisis intervent with a concentration on that assist with being ng verbal de-escalation as positive engagements. Swith the Program Supposer incident when he campushing Client #1 out of IRIS report and reported Resources (HR) on 3/20 Investigation (3/27/25-the QP.	atth nat the nance nance iion) Handle t pervisor ge in ne upon his ed the 0/25. #1 n ak	V 132			

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL060968	B. WING		C 04/30/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ALEXAN	DER YOUTH NETWO	RK - CHARLOTTE	THERMAL RD OTTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 132	Continued From pa	ige 9	V 132			
	-Remembered Clie clients and "talking black B**ch." -"Whatever you say happened. I think s minute. That kid (C and push." -Did not hear the Q each other. Interview on 4/28/2: -On 3/14/25 Client: that tea" and in a jo -"I walked over to hwiggled out of his c wasn't trying to harrilm not that kind o -"It was a playful int-Denied telling Client today, I'm the wrong-Denied Client #1 w"Dummy." -Did not pull Client: floorCould not recall wh 3/27/25 and 3/31/25. Interview on 4/22/2: revealed: -The QP was suspepending investigationThe internal investigation.	nt #1 was disrupting the other back, calling staff names like w on the video is what he (QP) just lost her cool for a lient #1) would push and push. P and Client #1 arguing with 5 the QP revealed: #1 kept using the saying "clockingly way she said "I will." is desk and tickled him and hehair. I was playing with him, I m him." If person to harm children." teraction." In #1 "Don't start with me g one." It was standing in his chair yelling way she worked between 5. 5 with the HR Director ended from the day program on on 3/27/25. Ith another program while	k k			

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL060968	B. WING		 	C 30/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	·	
ALEXAN	IDER YOUTH NETWO	RK - CHARLOTTE	HERMAL RD TTE, NC 282			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	Interview on 4/29/2 Performance Impro -Did not have a lot between the QP ar -Verified the QP wa Program while und Client #1.	5 with the Vice President of overment revealed: of details about the incident ad Client #1. as allowed to work in another er investigation for abusing tigation was 3/27/25 through	V 132			

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