

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2018
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NAME OF PROVIDER OR SUPPLIER SECU YOUTH CRISIS CENTER, A MONARCH PROGR.	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE CHARLOTTE, NC 28213
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(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>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 4/11/18. The complaint was unsubstantiated (Intake #NC13733). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Services for Individuals of All Disability Groups.</p>	V 000		
V 108	<p>27G .0202 (F-I) Personnel Requirements</p> <p>10A NCAC 27G .0202 PERSONNEL REQUIREMENTS</p> <p>(f) Continuing education shall be documented.</p> <p>(g) Employee training programs shall be provided and, at a minimum, shall consist of the following:</p> <p>(1) general organizational orientation;</p> <p>(2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;</p> <p>(3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and</p> <p>(4) training in infectious diseases and bloodborne pathogens.</p> <p>(h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying,</p>	V 108		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 108	<p>Continued From page 1</p> <p>reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff were trained to meet the needs of the clients for 3 of 3 staff(#1, #2 and #3), the Licensed Professional Nurse (LPN) and the therapist. The findings are:</p> <p>Review on 4/9/18 of Former Client #5's (FC#5) record revealed: -admission date of 3/23/18 with discharge date of 4/2/18; -diagnosis of Reactive Attachment Disorder, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Post Traumatic Stress Disorder and Intellectual Developmental Disabilities-Mild; -admission information dated 2/21/18 and 3/23/18 documented FC#5 could not return to his adoptive home due to being found "on top" of his stepsister.</p> <p>Review on 4/9/18 of staff personnel records revealed: -staff #1 hired on 12/18/17 with the job title of Behavioral Technician with no documentation of completed training in sexually aggressive/reactive youth; -staff #2 hired on 2/12/18 with the job title of Behavioral Technician with no documentation of completed training in sexually aggressive/reactive youth; -staff #3 hired on 10/23/17 with the job title of Behavioral Technician with no documentation of</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>completed training in sexually aggressive/reactive youth;</p> <p>-LPN hired on 9/28/15 with no documentation of completed training in sexually aggressive/reactive youth;</p> <p>-the therapist hired on 8/25/17 with no documentation of completed training in sexually aggressive/reactive youth(SAY/SRY).</p> <p>Interviews on 4/10/18 with staff #1 and staff #2 revealed not received training in SAY/SRY.</p> <p>Interview on 4/9/18 with staff #3 revealed not received training in SAY/SRY.</p> <p>Interview on 4/9/18 with the LPN revealed not received training in SAY/SRY.</p> <p>Interview on 4/9/18 with the therapist revealed not received training in SAY/SRY.</p> <p>Interview on 4/9/18 and 4/11/18 with the Nurse Manager and Vice President of Operations revealed: -not provided staff with training in SAY/SRY; -will ensure all staff receive this training.</p>	V 108		