

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 06/14/2018
--	---	---	---

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
---	---

(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>A complaint survey was completed on 6/14/18. The complaints were substantiated (Intakes #138619 and #138967). 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 270	<p>27G .5002 Facility Based Crisis - Staff</p> <p>10A NCAC 27G .5002 STAFF</p> <p>(a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients served in the facility.</p> <p>(b) Staff with training and experience in the provision of care to the needs of clients shall be present at all times when clients are in the facility.</p> <p>(c) The facility shall have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of individual clients.</p> <p>(d) The treatment of each client shall be under the supervision of a physician, and a physician shall be on call on a 24-hour per day basis.</p> <p>(e) Each direct care staff member shall have access at all times to qualified professionals who are qualified in the disability area(s) of the clients with whom the staff is working.</p> <p>(f) Each direct care staff member shall be trained and have basic knowledge about mental illnesses and psychotropic medications and their side effects; mental retardation and other developmental disabilities and accompanying behaviors; the nature of addiction and recovery and the withdrawal syndrome; and treatment methodologies for adults and children in crisis.</p> <p>(g) Staff supervision shall be provided by a qualified professional as appropriate to the</p>	V 270		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 06/14/2018
--	---	---	---

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
---	---

(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 270	<p>Continued From page 1</p> <p>client's needs.</p> <p>This Rule is not met as evidenced by: Based on records review and interviews, the facility failed to ensure staff to client ratios that ensure the health and safety of clients served in the facility. The findings are:</p> <p>Interview on 6/8/18 with RN (Registered Nurse) #1 revealed:</p> <ul style="list-style-type: none"> -works the night shift 7pm-7am; -duties included take all incoming phone calls, monitor clients, chart all documentation, doctor orders, complete intakes when they come in; -was told the staff/client ratio was supposed to be 1:3; -there have been a few times she and the LPN (Licensed Professional Nurse) only staff on the unit because someone has called out; -facility short staffed, the Behavioral Technicians(BTs) quit or get fired; -"very rough time;" -"last night" a doctor had ordered one on one staffing for a client, it was written on the assignment board; -there were 7 clients at first, two Behavioral Technicians and the LPN; -one of the BTs left around 3am and the LPN got sick and left around 1am; -an eighth client came in for admission and she was pulled out to do the admission; -ended up being her, one BT and 8 clients with one client requiring one on one; -was not enough staff; -at one time had a group of rough clients who acted out a lot; -there were at least 6 on the adolescent side including FC#4(Former Client); 	V 270		

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 06/14/2018
--	---	---	---

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
---	---

(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 270	<p>Continued From page 2</p> <ul style="list-style-type: none"> -FC#4 was not de-escalating, was requiring a lot of staff attention; -that night there was her, the LPN and a BT; -FC#4 climbed through the window to the nurses station and was approaching her, making verbal threats; -the LPN was coming around to the other side of the nurses station trying to assist with FC#4; -the BT was on the other side of the unit with smaller children; -she and LPN trying to deal with FC#4 and left only one BT to deal with rest of clients. <p>Interview on 6/6/18 with RN #2 revealed:</p> <ul style="list-style-type: none"> -works the night shift from 7pm-7am; -duties included intakes, 24 hour assessments, doctor orders, pass medications if LPNs busy; -was instructed staff/client ratio was 1:3; -nursing staff are counted in the ratio even though she has to go off unit to complete intakes that come in; -also a lot of call outs and no shows of staff; -try to find someone to come in but not always happen; -staff also quitting; -issue with staffing. <p>Interview on 6/4/18 with RN#3 revealed:</p> <ul style="list-style-type: none"> -works during the week and on the weekends on day shift; -staff/client ratio 1:3; -usually plenty of staff around on day shift; -LPNs will go on floor of unit if BTs are not available; -she will pass medications if LPN on floor; -she does intakes on her shift; -have been times when short staff and not in ratio. <p>Interview on 6/4/18 with LPN #1 revealed:</p>	V 270		

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 06/14/2018
--	---	---	---

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
--	---

(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 270	<p>Continued From page 3</p> <ul style="list-style-type: none"> -work night shift 7pm-7am; -staff/client ratio supposed to be 1:3; -nursing staff counted in ratio; -on 5/10/18, she worked the adolescent side, no BT on her side; -there was one BT on the children side with 2-3 clients; -she was working on the adolescent side with 5 clients, ages 13-17 years old including FC#4; -a staff who was supposed to come in at 9pm did not come in until after midnight; -another staff scheduled to be there did not come in; -"everyone (clients) went berserk!;" -FC#4 was already riled up from earlier shift; -FC#4 got into the nurses station and was threatening the RN; -had to go into the nurses station to assist in handling FC#4; -in the past month, staff have quit or got fired, "leaving us scrambling for coverage." <p>Interview on 6/4/18 with LPN #2 revealed;</p> <ul style="list-style-type: none"> -had to fill in for BTs who did not show for shift; -intakes take place up front off unit and RN and LPN have parts of intakes to do; -pulled off unit to go do their part of intakes; -her part of intake can take from 45 minutes to one hour; -there have been times they had to push off an intake to night shift of enough staff coming in to do intake; -she "goes on the floor" of the unit if no BT on the floor. <p>Interview on 6/4/18 with staff #1 revealed:</p> <ul style="list-style-type: none"> -works as a BT on the night shift from 9pm-7am; -on 5/31/18, she arrived to work and there were 7 clients in the unit; -the RN and LPN were working, RN was off the 	V 270		

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 06/14/2018
--	---	---	---

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
---	---

(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 270	<p>Continued From page 4</p> <p>unit doing an intake; -she was pulled off the unit to assist the RN with the intake; -the LPN and a BT was left on the unit with 7 clients; -the child side of the unit was closed, the BT and LPN were on the adolescent side; -when she arrived back on the unit, the BT was in the floor with 7 clients and the LPN was sitting inside the nursing station; -one time she was working and had to provide one on one staffing per doctor order; -same time she was supposed to be providing one on one, she also had to watch another client who was also on her side of the unit, she was only staff on that side; -a lot of staff have quit and caused problems with enough staffing; -there are as needed staff but hard to call last minute to get replacements for staff who did not show.</p> <p>Interview on 6/4/18 with staff #2 revealed: -works as a BT on the night shift from 7pm-7am; -staff/client ratio supposed to be 1:3; -BTs and nursing staff all counted in ratio even if nursing staff not on floor or off unit; -been times she has been on the floor with 8 children on her side and the nursing staff are sitting in the nursing station; -FC#4 was a hard client to deal with along with the other clients who were all riled up one night; -FC#4 was being aggressive and making a lot of noise by banging on doors and walls; -she was on the children side of the unit when FC#4 acted out and went through the window into the nursing station; -she was working on the children side with 3 clients, there were 7 clients on the adolescent side with the LPN and the RN;</p>	V 270		

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 06/14/2018
--	---	---	---

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
---	---

(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 270	<p>Continued From page 5</p> <ul style="list-style-type: none"> -a BT did not show up to work until later in her shift and another BT did not show; -continued problems with staff not showing up or quitting. <p>Review on 6/4/18 of FC#4's record revealed:</p> <ul style="list-style-type: none"> -admission date of 5/8/18 with discharge date of 5/10/18; -diagnoses of Post Traumatic Stress Disorder and Learning Disability; -admission assessment dated 5/8/18 documented behaviors including physical and verbal aggression, suicidal ideation and threats, fights peers, impulsive, manipulative, struggles to comply with rules and expectations, defiant, depressed. <p>Interview on 6/4/18 with the Program Director revealed:</p> <ul style="list-style-type: none"> -had a lot of staff turnover recently; -in process of interviewing new staff; -had several staff quit and had to let some staff go; -go by service definitions of staff/client ratio 1:3; -always try to staff to handle clients on unit; -expectations if a BT does not show, the LPN will go on the floor with the clients in the role of the BT; -LPNs and RNs do have to come off the unit to complete intakes; -intakes take place in the same building and can respond if an issue on the unit; -have recently changed way to do intakes so RN and LPN do their parts separately as not to take them both off the unit at the same time; -also looking at patterns when more staff is needed based busy times of day/night for intakes and client behaviors. <p>Interview on 6/14/18 with the PD and the Vice</p>	V 270		

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 06/14/2018
--	---	---	---

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
---	---

(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 270	Continued From page 6 President of Operations revealed: -are hiring 15 new staff all with experience with this population; -was unaware of the difference in the service definitions versus the licensing rule for staffing; -will ensure staffing meets the needs of the clients to ensure safety; -prior staff quit because did not realize the issues they would face with this population and behaviors they would encounter; -had tried to schedule adequate staff to cover for number of clients with 1:3 ratio in mind.	V 270		