STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		R WING			
	MHL0601361	B. WING		06/14/2018	
ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE		
HTH ODIOIO OFNITED A	1810 BA	CK CREEK DRIVE	≣		
UTH CRISIS CENTER, A	CHARLO	TTE, NC 28213			
		ID		()	
,		TAG	•		
INITIAL COMMENTS		V 000			
The complaints were	substantiated (Intakes				
category: 10A NCAC	27G .5000 Facility Based				
27G .5002 Facility Ba	sed Crisis - Staff	V 270			
(a) Each facility shall ratios that ensure the served in the facility. (b) Staff with training provision of care to the present at all times with the facility shall represent at all times with the facility shall represent at all times with additional staff on site supervision, treatment response to the needs (d) The treatment of the supervision of a period of the superv	maintain staff to client health and safety of clients and experience in the e needs of clients shall be hen clients are in the facility. have the capacity to bring to provide more intensive t, or management in s of individual clients. each client shall be under hysician, and a physician the hour per day basis. staff member shall have qualified professionals who eability area(s) of the clients working. taff member shall be trained edge about mental illnesses dications and their side ation and other lities and accompanying of addiction and recovery redrome; and treatment ults and children in crisis.				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER INITIAL COMMENTS A complaint survey with the complaints were #138619 and #13896 This facility is licensed category: 10A NCAC Crisis Services for Inc. Groups. 27G .5002 Facility Ball ratios that ensure the served in the facility. (b) Staff with training provision of care to the present at all times with (c) The facility shall radditional staff on site supervision, treatment response to the needs (d) The treatment of the supervision of a p shall be on call on a 2 (e) Each direct care is access at all times to are qualified in the diswith whom the staff is (f) Each direct care is and have basic knowled and psychotropic mediated effects; mental retarded developmental disabil behaviors; the nature and the withdrawal symethodologies for additional staff supervision of a post of the care is accessed to the ediated to the supervision of a post of the supervis	MHL0601361 ROVIDER OR SUPPLIER UTH CRISIS CENTER, A MONARCH PROGR. SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/14/18. The complaints were substantiated (Intakes #138619 and #138967). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5000 Facility Based Crisis Services for Individuals of All Disability Groups. 27G .5002 Facility Based Crisis - Staff 10A NCAC 27G .5002 STAFF (a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients	ROVIDER OR SUPPLIER WHALOGOTAGE STREET ADDRESS, CITY, STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/14/18. The complaints were substantiated (Intakes #138619 and #138967). A deficiency was cited. 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(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. (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. (g) Staff supervision shall be provided by a	ROWIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WISE PERCEADED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS A complaint survey was completed on 6/14/18. The complaints were substantiated (Intakes #138619 and #138967). A deficiency was cited. 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Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CONSTRUCTION	(X3) DATE	SURVEY LETED	
AND I EAR OF CONNECTION IDENTIFICATION NOWIDER.		A. BUILDING: _		COMP	LETED	
		MHL0601361	B. WING	B. WING		14/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREE	ET ADDRESS, CITY, STA	TE, ZIP CODE		
		1810	BACK CREEK DRIV	Æ		
SECU YO	UTH CRISIS CENTER, A	MONARCH PROGRA	RLOTTE, NC 28213			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLETE DATE
V 270	Continued From page	e 1	V 270			
	client's needs.					
	client's needs.					
	This Rule is not met	as evidenced by:				
		view and interviews, the				
	•	re staff to client ratios that				
		d safety of clients served in				
	the facility. The finding	ngs are:				
	Interview on 6/8/18 w	with RN (Registered Nurse)				
	Interview on 6/8/18 with RN (Registered Nurse) #1 revealed:					
	-works the night shift	: 7pm-7am;				
		all incoming phone calls,				
	monitor clients, chart	all documentation, doctor				
		akes when they come in;				
		ent ratio was supposed to be				
	1:3;	out times abound the LDN				
		ew times she and the LPN nal Nurse) only staff on the				
	unit because someor					
	-facility short staffed,	•				
	Technicians(BTs) qui					
	-"very rough time;"					
	-"last night" a doctor	had ordered one on one				
	staffing for a client, it	was written on the				
	assignment board;					
		at first, two Behavioral				
	Technicians and the l	round 3am and the LPN got				
	sick and left around 1	_				
		e in for admission and she				
	was pulled out to do					
	•	one BT and 8 clients with				
	one client requiring o					
	-was not enough staf					
	•	oup of rough clients who				
	acted out a lot;					
	 -there were at least 6 including FC#4(Form 	on the adolescent side ner Client);				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601361	B. WING		06/	14/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
SECU YO	UTH CRISIS CENTER, A	MONARCH PROGRA	CK CREEK DRIV TTE, NC 28213	Έ		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
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V 270	Continued From page	e 2	V 270			
V 270	-FC#4 was not de-es of staff attention; -that night there was -FC#4 climbed through station and was apport threats; -the LPN was coming the nurses station try -the BT was on the ornsmaller children; -she and LPN trying the only one BT to deal whom works the night shift -duties included intaked doctor orders, pass in the was instructed staff/-indepension and the works and the works that the works that the works that the works that the works during the were day shift; -staff also quitting; -issue with staffing. Interview on 6/4/18 who works during the were day shift; -staff/client ratio 1:3; -usually plenty of staff-LPNs will go on floor available; -she will pass medical-she does intakes on	calating, was requiring a lot ther, the LPN and a BT; gh the window to the nurses oaching her, making verbal g around to the other side of ing to assist with FC#4; ther side of the unit with to deal with FC#4 and left with rest of clients. with RN #2 revealed: from 7pm-7am; tes, 24 hour assessments, medications if LPNs busy; client ratio was 1:3; med in the ratio even though to complete intakes that and no shows of staff; to come in but not always with RN#3 revealed: ek and on the weekends on around on day shift; of unit if BTs are not ations if LPN on floor; her shift;	V 270			
	-she does intakes on her shift; -have been times when short staff and not in ratio. Interview on 6/4/18 with LPN #1 revealed:					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING:		E SURVEY PLETED	
		MHL0601361	B. WING		- 00	6/14/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CIT	Y, STATE, ZIP CODE		
SECUYO	UTH CRISIS CENTER, A	MONARCH PROGRA	1810 BACK CREEK	DRIVE		
3200 10	THE CRISIS CENTER, A	R MONAROTT FROGRA	CHARLOTTE, NC 2	8213		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FL R LSC IDENTIFYING INFORMATI	=	(EACH CORRECT CROSS-REFERENCE)	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETE DATE
V 270	Continued From pag	je 3	V 270			
	-work night shift 7pm -staff/client ratio sup -nursing staff counte -on 5/10/18, she work BT on her side; -there was one BT or clients; -she was working or clients, ages 13-17 y -a staff who was sup not come in until afte -another staff sched in; -"everyone (clients) -FC#4 was already r -FC#4 got into the n threatening the RN; -had to go into the n handling FC#4; -in the past month, s "leaving us scrambli Interview on 6/4/18 v -had to fill in for BTs -intakes take place of LPN have parts of in -pulled off unit to go -her part of intake ca one hour; -there have been tim intake to night shift of do intake; -she "goes on the flo	n-7am; posed to be 1:3; ed in ratio; rked the adolescent side on the children side with the adolescent side with years old including FC#4 posed to come in at 9prer midnight; uled to be there did not of went berserk!;" riled up from earlier shift; urses station and was urses station to assist in staff have quit or got fired ng for coverage." with LPN #2 revealed; who did not show for shup front off unit and RN a takes to do; do their part of intakes; an take from 45 minutes these they had to push off of enough staff coming in por" of the unit if no BT of	2-3 h 5 ; m did come d, ift; and to an n to			
	-works as a BT on the on 5/31/18, she arriclients in the unit;	with staff #1 revealed: ne night shift from 9pm-7 ved to work and there w ere working, RN was off	ere 7			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL0601361	B. WING		06/14/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
SECU YOUTH CRISIS CENTER, A MONARCH PROGRA						
	OUR MARK OF		TTE, NC 28213	220//2520 21 44 25 22225		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 270	Continued From page	e 4	V 270			
	unit doing an intake; -she was pulled off the the intake; -the LPN and a BT we clients; -the child side of the of LPN were on the ado -when she arrived ba the floor with 7 clients inside the nursing state -one time she was we one on one staffing p -same time she was so one on one, she also who was also on her only staff on that side -a lot of staff have que enough staffing; -there are as needed	e unit to assist the RN with as left on the unit with 7 unit was closed, the BT and lescent side; ck on the unit, the BT was in s and the LPN was sitting tion; orking and had to provide er doctor order; supposed to be providing had to watch another client side of the unit, she was				
	-staff/client ratio suppro-BTs and nursing staff not on flushear times she has children on her side a sitting in the nursing series of the other clients who she was being agonoise by banging on she was on the child FC#4 acted out and withe nursing station; she was working on	e night shift from 7pm-7am; posed to be 1:3; f all counted in ratio even if por or off unit; been on the floor with 8 and the nursing staff are station; ent to deal with along with were all riled up one night; pressive and making a lot of doors and walls; ren side of the unit when went through the window into the children side with 3 clients on the adolescent				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		MHL0601361	B. WING		06	6/14/2018
	ROVIDER OR SUPPLIER UTH CRISIS CENTER, A	MONARCH PROGR	T ADDRESS, CITY, STATE BACK CREEK DRIVE LOTTE, NC 28213	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 270	shift and another BT -continued problems quitting. Review on 6/4/18 of -admission date of 5 5/10/18; -diagnoses of Post T and Learning Disabil -admission assessm documented behavio verbal aggression, s fights peers, impulsiv comply with rules an depressed. Interview on 6/4/18 v revealed: -had a lot of staff turr -in process of intervi -had several staff qu go; -go by service definit -always try to staff to -expectations if a BT go on the floor with t BT; -LPNs and RNs do h complete intakes; -intakes take place in respond if an issue of -have recently chang and LPN do their pan them both off the uni -also looking at patter needed based busy and client behaviors.	p to work until later in her did not show; with staff not showing up or FC#4's record revealed: /8/18 with discharge date of fraumatic Stress Disorder ity; ent dated 5/8/18 ors including physical and uicidal ideation and threats, /e, manipulative, struggles to d expectations, defiant, with the Program Director nover recently; ewing new staff; it and had to let some staff it and had to let some staff it does not show, the LPN will he clients in the role of the lave to come off the unit to in the same building and can on the unit; ged way to do intakes so RN its separately as not to take it at the same time; erns when more staff is times of day/night for intakes	V 270			

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V 270	President of Operationare hiring 15 new state this population; -was unaware of the definitions versus the will ensure staffing nuclients to ensure safe prior staff quit becaut they would face with behaviors they would	aff all with experience with difference in the service licensing rule for staffing; neets the needs of the sty; se did not realize the issues this population and encounter; e adequate staff to cover for	V 270			

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