Division	of Health Service Regu	ulation				
	T OF DEFICIENCIES			(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NOW	N NUMBER Y B			
		MHL0601361		8 WING	THE 0.5 2018	06/14/2018
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS CITY STAT	TE, ZIP CODE	
SECTIVO	HTH COICE CENTED A	MONAPOU BROOK	1810 BACK	CREEK DRIVI	E 11- 0 0-4 0-4	
SECU TO	UTH CRISIS CENTER, A	MONARCH PROGRA	CHARLOTTI	E. NC 28213	Lic. & Cert. Sect	uon
(X4) ID		ATEMENT OF DEFICIENCIES		-D	FROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG	IEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION;			PREFIX	TEACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROPR	
			1	18.0	DEFICIENCY;	
V 000	INITIAL COMMENTS			V 000		
	A complaint survey was completed on 6/14/18.				To consistently provide a staffing	N. M. C. M.
					that ensures the health and safet	
		substantiated (Intakes			clients, the FBC has implemented	the
		7). A deficiency was ci			following:	
	,				 Hired 14 new Behavioral Health 	S
		This facility is licensed for the following service			Technicians (BHT) to assist with h	0
	category: 10A NCAC 27G .5000 Facility Based			1	staff available to ensure the healt	
	Crisis Services for Individuals of All Disability				safety of clients served in the faci	
	Groups.		l		BHT's hired had pediatric behave	
					health experience for the provision	on of
V 270	27G .5002 Facility Based Crisis - Staff			V 270	care of our clients.	
	10A NCAC 27G .5002	2 STAFF		1	The Nurse Manager has revised	1
	(a) Each facility shall maintain staff to client				Intake process to ensure only one	
	ratios that ensure the health and safety of clients				member is removed from unit for	
	served in the facility.				admission.	
	(b) Staff with training and experience in the				Sub or Prn BHT's have been hire	ed to
)	provision of care to the needs of clients shall be				assist with callouts, incentives to	
· .	present at all times when clients are in the facility.				provide coverage to ensure additi staff are onsite if needed.	onai
	(c) The facility shall have the capacity to bring					
		to provide more inten	sive		The RN will assign each staff me specific patient to ensure ratio	
	supervision, treatmen	#1 - 10 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1			a specific patient to ensure ratio is	(S)
	response to the needs of individual clients. (d) The treatment of each client shall be under				maintained. An assignment sheet be developed to ensure the ratio	
1	the supervision of a physician, and a physician			1	appropriate with verification of in	ANOTH I
	shall be on call on a 2				by supervisor on duty.	Itials
		staff member shall have	e		by supervisor on duty.	
		qualified professionals			Monitor-review of staffing during	
		sability area(s) of the cl	ients		treatment team meeting three tin	1
	with whom the staff is	_			weekly.	1.00
		taff member shall be tr		- 1	Audit assignment sheets-3 days pe	er
		edge about mental illne lications and their side		1	week for 24 hours x 30 days by Nu	The state of the s
					manager or designee	
	effects, mental retardation and other developmental disabilities and accompanying					
	behaviors, the nature of addiction and recovery				Completion Date: 08/13/2018	
		ndrome; and treatment			•	
		ults and children in crisi	S.			
		(g) Staff supervision shall be provided by a				
THE RESERVE AND ADDRESS OF THE PARTY OF THE	qualified professional	as appropriate to the			THE STREET WAS TREET AS THE SECOND CONTRACT OF THE SECOND CONTRACT O	
vision of Heal	th Service Regulation	UP LIER REPRESENTATIVE	CONTRACTOR		T:Tr C	VC-DATE
1	2 S 1 A A	THE REPRESENTATIVE	a aronini URE	10 Am	WATER RAJ 6	Inalia DATE
<u> </u>	Juni/	own		Nr VDA	evatines riv 6	141/18
TATE FORM			ody	RE	INO11	if continuation sheet 1 a

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING MHL0601361 06/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE SECU YOUTH CRISIS CENTER, A MONARCH PROGR. CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 270 Continued From page 1 V 270 This page intentionally left blank client's needs. 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: Interview on 6/8/18 with RN (Registered Nurse) #1 revealed: -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 -there were at least 6 on the adolescent side including FC#4(Former Client);

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL0601361 06/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE SECU YOUTH CRISIS CENTER, A MONARCH PROGR. CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 270 Continued From page 2 V 270 This page intentionally left blank -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. Interview on 6/6/18 with RN #2 revealed: -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. Interview on 6/4/18 with RN#3 revealed: -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

Interview on 6/4/18 with LPN #1 revealed:
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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WNG MHL0601361 06/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE SECU YOUTH CRISIS CENTER, A MONARCH PROGRA CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY V 270 Continued From page 3 V 270 This page intentionally left blank -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 -"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." Interview on 6/4/18 with LPN #2 revealed; -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 -there have been times they had to push off an intake to night shift of enough staff coming in to -she "goes on the floor" of the unit if no BT on the floor. Interview on 6/4/18 with staff #1 revealed: -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

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PRINTED: 06/18/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL0601361 06/14/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE SECU YOUTH CRISIS CENTER, A MONARCH PROGRA CHARLOTTE, NC 28213 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 270 Continued From page 4 V 270 This page intentionally left blank 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. Interview on 64/18 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;

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the nursing station;

side with the LPN and the RN;

-she was on the children side of the unit when FC#4 acted out and went through the window into

-she was working on the children side with 3 clients, there were 7 clients on the adolescent

Division (of Health Service Regu	lation			FORIVI	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601361	B. WNG		06/1	4/2018	
	ROVIDER OR SUPPLIER	MONARCH PROGR. 1810 BA	ADDRESS, CITY, STA	/E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	OTTE, NC 28213 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE		
V 270	shift and another BT of continued problems of quitting. Review on 6/4/18 of F	to work until later in her	V 270	This page intentionally left bl	ank		
	5/10/18; -diagnoses of Post Tra and Learning Disabilit -admission assessme documented behavior verbal aggression, sui	aumatic Stress Disorder y; nt dated 5/8/18 s including physical and cidal ideation and threats, e, manipulative, struggles to					
	revealed: -had a lot of staff turno-in process of interview-had several staff quit go; -go by service definitionalways try to staff to he-expectations if a BT do go on the floor with the BT; -LPNs and RNs do have complete intakes; -intakes take place in the respond if an issue on have recently changed and LPN do their parts them both off the unit also looking at pattern needed based busy time and client behaviors.	ving new staff; and had to let some staff ons of staff/client ratio 1:3; andle clients on unit; oes not show, the LPN will oclients in the role of the ve to come off the unit to the same building and can the unit; d way to do intakes so RN separately as not to take at the same time;					

Division	of Health Service Regu	lation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	10 000000000000000000000000000000000000	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE. ZIP CODE			
SECU YOUTH CRISIS CENTER, A MONARCH PROGR. 1810 BACK CREEK DRIVE							
3200 10	OTH CRISIS CENTER, A	WIONARCH PROGRA	OTTE, NC 28213				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	OULD BE COMPLETE		
V 270	Continued From page 6		V 270	This page intentionally left bla	ank		
	President of Operation- are hiring 15 new stathis population; -was unaware of the oblinations versus the will ensure staffing molients to ensure safet- prior staff quit because they would face with the behaviors they would	ins revealed: If all with experience with Ifference in the service licensing rule for staffing; eets the needs of the y; is edid not realize the issues his population and encounter; adequate staff to cover for	V 270	I his page intentionally left bis	ank		
			1000				
			Water and the state of the stat				
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Division of Health Service Regulation





Gina McLain
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

JUL 05 2018

Lic. & Cert. Section

Re:

Complaint Survey completed 6/14/18

SECU Youth Crisis Center, 1810 Back Creek Drive, Charlotte, NC

MHL # 060=1361

E-mail Address: qm@monarchnc.org Intakes #NC 138619, #NC138957

& Leublig MSWICSWA

Dear Ms. McLain,

Please find enclosed the plan of correction for the deficiencies cited during the recent survey at SECU Youth Crisis Center on 6/14/18. If you need additional information regarding the plan of correction, please contact me at 704-787-4064 or qm@monarchnc.org.

Sincerely,

Cindy Lemberg MSW, LCSWA

Compliance Specialist

Monarch

