Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601361	A. BUILDING: ______ B. WING ______	R 04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECU YOUTH CRISIS CENTER, A MONARCH PROGR/	1810 BACK CREEK DRIVE CHARLOTTE, NC 28213

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on 4/24/19. The Type A1 rule violation in 10A NCAC 27G .5001 Facility Based Crisis Scope V269 with cross referenced deficiencies 10A NCAC 27G .5002 Staff V270 and 10A NCAC 27G .5003 Operations V271 cited during the complaint survey completed on 2/4/19 were reviewed for compliance. The following were brought back into compliance:10A NCAC 27G .5001 Facility Based Crisis Scope V269, 10A NCAC 27G.5002 Staff V270 and 10A NCAC 27G .5003 Operations V271. Deficiencies were cited. This facility is licensed for the following service category:10A NCAC 27G .5000 Facility Based Crisis Services for Individuals of All Disability Groups.	V 000		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled	V 120		

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V 120	Continued From page 1 Substances Act, G.S. 90, Article 5, including any subsequent amendments. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to ensure medications were stored separately for each client affecting 1 of 3 audited clients (#2). The findings are: Review on 4/15/19 of client #2's record revealed: -admission date of 4/11/19 with diagnoses of Oppositional Defiant Disorder, Intermittent Explosive Disorder, Attention Deficit Hyperactivity Disorder, Nocturnal Enuresis; -physician's order dated 4/12/19 for Vyvanse 20mg one tablet in the am. Observation on 4/16/19 at 1:30pm of the controlled medications revealed: -locking cabinet beneath the counter in the medication room; -a white plastic tray on the shelf in the cabinet; -bubble packs of medications stored together in the white plastic tray; -bubble packs contained the following medications: Focalin, Vyvanse and Aptensio; -one bubble pack was for client #2: Vyvanse 20 mg one tablet in the am dispensed 4/12/19; -the other bubble packs were for other clients at the facility; -bubble packs not stored separately per client. Interview on 4/16/19 with the Vice President of Operations revealed: -was not aware client's controlled medications were stored together; -will ensure medications stored separately for each client;	V 120		

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V 120	Continued From page 2 -will address issue immediately.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure the Health Care Personnel Registry(HCPR) was accessed prior to hire for 1 of 2 staff (#2). The findings are: Review on 4/15/19 of staff #2's personnel record revealed: -hire date of 1/28/19 with job title of Behavioral Health Technician; -HCPR was accessed on 2/14/19. Interview on 4/15/19 with staff #2 revealed: -worked at the facility for almost three months; -work on both the Children's Unit and the Adolescent unit; -work 12 hour shifts. Interview on 4/24/19 with the Vice President of Operations and Administrative Staff revealed;	V 131		

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V 131	Continued From page 3 -not aware HCPR was done late; -very surprised there was not another earlier dated HCPR check in the personnel file; -will look and if find another earlier dated HCPR check completed on staff #2, will send it immediately.	V 131		
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six	V 364		

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hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;
(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;
(4) Make visits outside the custody of the facility unless:
a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;
b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or
c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;
(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;
(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;
(7) Participate in religious worship;
(8) Keep and spend a reasonable sum of his own money;
(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and
(10) Have access to individual storage space for his private use.

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V 364	Continued From page 5 (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has	V 364		

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V 364	Continued From page 6 the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or	V 364		

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habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.

This Rule is not met as evidenced by:
Based on records review and interviews, the facility failed to ensure each minor client who was receiving treatment and habilitation in a 24-hour facility had the right to have access to proper adult supervision and guidance affecting 2 of 4 audited former clients (FC#1, FC#2). The findings are:

Finding #1
Review on 4/15/19 of FC#1's record revealed:
-admission date of 4/2/19 with discharge date of

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V 364	Continued From page 8 4/3/19; -diagnoses of Adjustment Disorder with Mixed Disturbance of Emotions and Conduct; -Comprehensive Clinical Assessment(CCA) dated 4/3/19 documented admission behaviors included hitting, kicking, biting and spitting, trying to run out in traffic, foster mother nor daycare staff could de-escalate him, transported to Emergency Department (ED) by police, while at hospital tried to bang his head and run away, upon discharge from ED brought to this facility for admission by his legal guardian; -discharge summary dated 4/3/19 documented FC#1 was "unable to be successfully discharged" from the facility, became increasingly agitated on the unit by a peer, was removed from peer, quickly escalated and exhibited "unsafe and maladaptive behaviors" such as hitting and kicking the walls, trying to break out the glass door, verbal threats, cursing, banged his head resulting in a 2 person restraint, bit one staff, kicked same staff in stomach, refused PRN(as needed) medications, did not respond to de-escalation techniques used by clinical staff and staff on unit, "sent to a higher level of care for appropriate treatment and to enhance his safety;" -progress note completed by the facility unit nurse dated 4/3/19 documented "due to severity of patient(FC#1) behaviors, Psychiatrist asked Program Manager to call 911 for first responders and medical transport to ED. Patient discharged from [this facility] at approximately 1800 to [local ED]. Program Manager called to report to [RN]/charge at [local ED]. Discharge summary prepared by Psychiatrist. Copy of MAR, Discharge Summary, RN report sheet sent with Medic. Patient belongings sent with Medic. Patient placed on gurney by medic and then in mechanical soft restraints, Guardian notified per Program Manager."	V 364		

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V 364	Continued From page 9 Review on 4/16/19 of local ED documentation regarding FC#1 revealed: -FC#1 arrived with Medic, no staff from the facility was with FC#1, FC#1 was seen in triage at 4/3/19 at 18:22, FC#1 refused to talk during triage , Medic informed ED staff FC#1 was playing card with a peer, got in a physical altercation, was biting, punching and verbally assaulting staff at the facility he came from; -FC#1 told ED staff he did do that but denied suicidal or homicidal thoughts, does not remember why he did those things, states he is fine now; -FC#1 presents with agitation, medically clear for psychiatric evaluation; -4/4/19 9:17am contact with staff at the facility who reported FC#1 was bit the Program Manager and kicked her in the stomach, refused his prn medication, continued to escalate and would not calm down, needs a higher level of care the facility can not provide; -4/4/19 9:07am tried to reach legal guardian without success, left voice mail; -4/4/19 3:19pm tried to reach legal guardian without success, left voice mail; -behavioral clinicians were unable to reach legal guardian for a days time; -FC#1 was discharged from the local ED to an inpatient unit on 4/6/19. Finding #2 Review on 4/15/19 of FC#2's record revealed: -initial admission date of 1/9/19 with discharge date of 1/17/19; -diagnoses of ADHD and DMDD; -re-admission date of 3/4/19 with discharge date of 3/6/19; -CCA update dated 3/4/19 documented the following admitting behaviors: throwing rocks	V 364		

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through the windows, tanturms, pulled fire alarm, banged head against the wall, tired to run away, bit her lip until it bled, uses bathroom on self on purpose, escalates intentionally to go to hospital;
-discharge summary dated 3/6/19 documented FC#2 was "unable to be discharged successfully" from the facility, unable to follow unit rules, exhibited unsafe maladaptive behaviors such as urinating in common spaces on the unit, picking off scabs and smearing blood on the walls, kicking the walls, attempted to pull fixtures off the walls, slammed doors, verbal escalation, hit the physician with her shoe, did not respond to de-escalation techniques of staff, refused medications, "was sent to a higher level of care for appropriate treatment...;"
-progress note completed by the facility unit nurse dated 3/6/19 documented, "patient(FC#2) discharged from facility and transported to [local ED] via Medic...Patient pacing and kicked doors...refused to comply with group/milieu expectations," threats to peers, pacing, yelling, banging head, assaulted psychiatrist, pulled pants down exposing self, offered medications, FC#2 threw them away, "911 called for medic to transport to ED. Police arrived and medical shortly after. This writer called and gave report to [Charge RN at ED]. Copy of patient MAR, D/C report sheet prepared by program manager, D/C summary completed by lead therapist. Entire packet with content as previously listed sent to medic. This writer also called [legal guardian] as listed on chart. No Answer. Voicemail left with menial detail and to call [the facility] back for questions and concerns."

Review on 4/16/19 of local ED documentation regarding FC#2 revealed:
-FC#2 arrived with EMS(Emergency Medical Services), alone with no legal guardian or facility

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V 364	Continued From page 11 staff; -ED physician did not feel FC#2 required psyche evaluation and medically cleared and discharged to legal guardian on 3/6/19. Interview on 4/16/19 with the Therapist revealed: -send D/C summary with client who is discharged to hospital; -completed documentation given to EMS hands off to the hospital RN, also give MAR to EMS to take to hospital; -client leaves with EMS. Interview on 4/15/19 with facility nurse #1 revealed: -have a emergency discharge form that is not sent with EMS; -nurses and/or therapist complete form; -nurse send MARs with client and leaves messages for legal guardians if can't get in touch with legal guardians at time of discharge; -call and talk to ED staff about client coming; -emergency discharge is a total discharge for behaviors, can't de-escalate behaviors. Interview on 4/16/19 with facility nurse#2 revealed: -have a new D/C summary for emergency discharges; -send completed D/C summary, MAR and demographic information with EMS; -call local ED to report to ED Charge nurse; -call legal guardian to make them aware client is being discharged for behavioral/safety reasons; -do not do follow up with ED to find out if legal guardian shows up at hospital; -facility staff do not go with clients to local ED for emergency discharges. Interview on 4/16/19 with the Associate Medical	V 364		

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V 364	Continued From page 12 Director revealed: -discharge summaries now for emergency, clinicians complete this form; -give this form to the EMS, fax to the local ED; -have recommendations included in the D/C summary; -send all belongings with client with the EMS; -communicate with the legal guardians; -"trying to figure out how to work with minors;" -"[local LME] refused to give rate, agency eats the cost;" -"when leave facility they are discharged." Interviews on 4/24/19 with the Vice President of Operations and Administrative Staff revealed: -do not send staff with clients who are discharged to local ED, they are discharged; -considered the EMS staff able to provide the supervision needed; -also felt staff at hospital can provide needed supervision of clients sent to local ED.	V 364		