

December 23, 2019

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

RE: Complaint-12/11/19-SECU

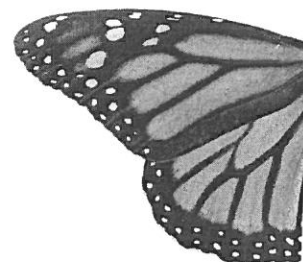
Hello,

Please find enclosed the Plan of Correction for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me at the number below.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512



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 12/11/2019
-----------------------------------------------------	--------------------------------------------------------------------------------	--------------------------------------------------------------------	--------------------------------------------------------

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

(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	INITIAL COMMENTS A complaint survey was completed on 12/11/19. The complaint was substantiated (Intake#NC157286). 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	V 000		
V 270	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 served in the facility. (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. (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. (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. (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 qualified professional as appropriate to the	V 270	This page was left intentionally blank. DHSR - Mental Health JAN 2 2020 Lic. & Cert. Section	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM 7

6899

5EK911

If continuation sheet 1 of 8

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 12/11/2019
-----------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------

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

(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 maintain staff to client ratios that ensure the health and safety of clients served in the facility affecting 2 of 2 Former Clients(FC#4, FC#5). The findings are:</p> <p>Record review on 12/6/19 of FC#4 revealed: -admission date of 10/2/19 with diagnoses of Generalized Anxiety Disorder(D/O), Attention Deficit Hyperactivity D/O and Oppositional Defiant D/O; -discharge date of 10/11/19; -Comprehensive Clinical Assessment(CCA) dated 10/2/19 documented FC#4 displayed aggression, exhibited self-injurious behaviors(banging his head and punching himself), had issues with stealing, multiple school suspensions, had poor boundaries, had nightmares, witnessed domestic violence, birth father incarcerated, birth mother overdosed on drugs two years ago, resided with his grandmother; -treatment plan dated 10/2/19 documented the following goals and strategies: reduce anxiety, improve and use coping skills, increase concentration and attention, reduce depressive episodes, reduce problematic behaviors, provide psychiatric evaluation, monitoring, administration of medications and management, stabilization, reduce symptoms.</p> <p>Record review on 12/6/19 of FC#5 revealed: -admission date of 10/7/19 with diagnoses of Adjustment D/O with Mixed Anxiety and Depressed Mood, Child Neglect and Child Abuse;</p>	V 270	<p>Monarch completed an investigation on 10/8 - 10/16/19 in accordance to the Abuse, Neglect and Exploitation policy. Staff were terminated as appropriate on 10/17/19.</p> <p>The Program Director provided additional training for other staff on 10/22/19, 11/13/2019, 11/16/2019 regarding staff ratios with the individuals supported.</p> <p>Monarch will continue to investigate all allegations in accordance to policy. Program Director will ensure that staff adhere to staff to client ratios. Program Director will monitor the staffing patterns for the next 30 days to ensure staff are maintaining ratios that ensure health and safety.</p> <p>To Be Completed By: 02/09/2020</p>	

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 12/11/2019
-----------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------

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

(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> <p>-discharge date of 10/13/19; -CCA dated 10/8/19 documented FC#5 displayed tantrums, hit self and others, exhibited suicidal ideation(SI), had poor boundaries, birth mother used substances, birth father was in prison, family history of mental health issues, was molested by family member, inpatient psychiatric hospitalization for SI; -treatment plan dated 10/8/19 documented the following goals and strategies: decrease anxiety/worry, improve level of functioning, decrease thoughts of self harm, increase time between hurtful/traumatic memories, provide psychiatric evaluation, monitoring, administration of medications and management, stabilization, reduce symptoms.</p> <p>Review on 12/6/19 of personnel records revealed the following: -Former Staff #3(FC#3) was hired on 6/18/18 with the job title of Behavioral Health Technician(BHT) and completed trainings in BHT Crisis Programs 3/5/19, Best Practices Behavioral Support/Interventions 6/23/19, Calming Children in Crisis 1/1/19, Core Elements of Mental Health Crisis 6/19/18, Crisis Prevention/Intervention(CPI) 6/21/19, Levels of Observation 8/1/19, Overview of Developmental Disabilities 6/19/18 and Overview of Mental Health 6/19/18; -Former Lead Staff(FLS) was hired on 1/16/18 with job title of BHT and completed trainings in BHT Crisis Programs 1/25/18, Best Practices Behavioral Support/Interventions 21/31/18, Calming Children in Crisis 1/4/19, Core Elements of Mental Health Crisis 1/17/18, CPI 2/15/19, Levels of Observation 8/15/19, Overview of Developmental Disabilities 1/22/18 and Overview of Mental Health 2/10/18.</p> <p>Review on 12/6/19 of incident reports from</p>	V 270	<p>This page was left intentionally blank.</p>	

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 12/11/2019
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> <p>9/1/19-12/6/19 revealed an incident report dated 10/8/19 documented FC#4 and FC#5 were left alone unsupervised on the Child Unit without staff.</p> <p>Review on 12/6/19 of an internal investigation completed 10/16/19 by the Program Director(PD) and Former Vice President of Operations Crisis Services(FVP of OPS) revealed the following documented:</p> <ul style="list-style-type: none"> -the Psychologist reported finding FC#4 and FC#5 alone on the Child Unit with no staff and immediately reported to the Charge Nurse; -also the Psychologist found an outside vendor on the Child Unit alone with no staff; -review of the video by the PD and FVP of OPS on 10/14/19 revealed FLS followed FS#3 to the outdoor courtyard from the Child Unit; -door closed leading from the Child Unit to the outside courtyard; -FC#4 and FC#5 were left unattended on the Child Unit for a total of 37 seconds per the video; -determination was made FS#3 was supposed to be supervising FC#4 and FC#5; -the FLS was responsible for the outside vendor on the Child Unit and also ensuring staff conduct all responsibilities which included supervision of clients; -FC#3 and FLS were terminated from employment. <p>Interview on 12/9/19 with FS#3 revealed:</p> <ul style="list-style-type: none"> -was working on the Adolescent Unit; -entered the Child Unit to obtain basketballs for adolescent clients in the outdoor courtyard; -closet storing the basketballs located on the Child Unit; -staff #1 was working the Child Unit and asked FS#3 to watch FC#4 and FC#5 while he went to the restroom; 	V 270	This page was left intentionally blank.		

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 12/11/2019
-----------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------	-------------------------------------------------

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> <ul style="list-style-type: none"> -FS#3 agreed and staff #1 went to the restroom; -FS#3 still had basketballs and adolescents were knocking on the door leading from Child Unit to outside courtyard, wanting the basketballs; -stepped out the door to give the basketballs to adolescent clients in the outdoor courtyard; -door leading from Child Unit to outside courtyard closed; -forgot was supposed to be watching FC#4 and FC#5; -remembered and went back inside to Child Unit, saw the Charge Nurse on the Child Unit; -told Charge Nurse, "my bad, I forgot;" -think was only off the unit 10 seconds; -when went outside, FC#4 and FC#5 were laying in their chairs; -was terminated for her actions; -problem with not enough staff. <p>Interview on 12/11/19 with the FLS revealed:</p> <ul style="list-style-type: none"> -working the day of the incident; -was busy dealing with a vendor who was fixing something on the unit; -was not aware staff #1 had asked FS#3 to watch FC#4 and FC#5 while he went to the bathroom; -went outside to the courtyard, did not notice the lack of staff on the Child Unit; -FS#3 was only off the Child Unit a few seconds; -FS#3 just forgot about it; -was terminated; -problem with not enough staff. <p>Interview on 12/10/19 with the Psychologist revealed:</p> <ul style="list-style-type: none"> -entered the Child Unit; -observed an outside vendor on the back hall; -the outside vendor stated he was waiting on a staff to bring a key for him; -observed FS#3 standing by the back door of the Child Unit leading to the outside courtyard; 	V 270	This page was left intentionally blank.	

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 12/11/2019
-----------------------------------------------------	-------------------------------------------------------------------------	--------------------------------------------------------------------	-------------------------------------------------

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

(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"> -also observed FS# and FLS "lingering" in that area; -the back door then shut; -walked up the hall and around the Nurses' Station to see what staff were monitoring the clients on the Child Unit; -observed FC#4 and FC#5 sitting in chairs watching television; -observed no other staff left on the Child Unit ; -immediately went to Charge Nurse in the Nurses' Station and notified her FC#4 and FC#5 were left alone on the unit; -Charge Nurse came onto the Child Unit and staff #1 arrived back on the Child Unit; -staff #1 reported he had asked FS#3 to watch FC#4 and FC#5 while he went to the restroom; -first time ever observed this type of situation; -reported incident to the PD. <p>Interview on 12/10/19 with the Charge Nurse revealed:</p> <ul style="list-style-type: none"> -was at the Nurses' Station dealing with medication orders; -Psychologist came to her and reported FC#4 and FC#5 were left unsupervised on the Child Unit; -observed FC#4 and FC#5 sitting at the table watching television and no staff on the Child Unit supervising them; -checked on FC#4 and FC#5 who were fine; -observed FS#3 outside through window between the Child Unit and outside courtyard; -asked who was supposed to be supervising the clients on the Child Unit; -FS#3 admitted she was supposed to be supervising and just forgot, got distracted; -LFS was handling the outside vendor and was not aware of what was going on; -staff #1 came back on the Child Unit and walked up as Charge Nurse was talking to FS#3; 	V 270	This page was left intentionally blank.	

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 12/11/2019
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 6</p> <p>-staff #1 confirmed he asked FS#3 to watch the clients on the Child Unit while he went to the bathroom.</p> <p>Interview on 12/6/19 with staff #1 revealed:</p> <ul style="list-style-type: none"> -was working on the Child Unit with FC#4 and FC#5; -needed to take a quick bathroom break; -FS#3 came on Child Unit to get basketballs; -asked FS#3 could she supervise FC#4 and FC#5 while he ran to the bathroom; -FS#3 agreed to watch clients and he went to bathroom; -unaware FS#3 left FC#4 and FC#5 alone on the Child Unit; -was in and out of bathroom in about 30 seconds. <p>Interview on 12/10/19 with FC#4 revealed:</p> <ul style="list-style-type: none"> -staff was always with them; -did not remember any time when he was left alone on the Child Unit without staff; -felt safe at the facility; -staff were nice; -did not remember a time when staff did not watch him. <p>Interview on 12/11/19 with FC#5 revealed:</p> <ul style="list-style-type: none"> -felt safe at the facility; -staff were nice to her; -remember being left alone only one time; -was outside in courtyard with a female peer blowing bubbles; -a male staff was watching them; -did not remember which male staff; -male staff told her and her peer he had to go inside to do something; -male staff went inside and left her and her peer outside in the courtyard; -she and her peer kept blowing bubbles; -male staff came back out and they played 	V 270	This page was left intentionally blank.		

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

12/11/2019

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
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

V 270

Continued From page 7

basketball;
-think male staff was gone maybe one or two
minutes;
-liked staying there.

Interview on 12/11/19 with the PD revealed:
-when reviewed video of the Child Unit, FC#4 and
FC#5 were left alone for a little over 30 seconds;
-in response to the incident, went over
supervision of clients and ensuring someone
always monitors clients with all staff in safety
huddles;
-terminated FS#3 and LFS;
-not aware of incident FC#5 described;
-plan to do some investigation and attempt to
identify which male staff left FC#5 and her female
peer unsupervised in outside courtyard;
-plan to ensure all clients supervised at all times.

V 270

This page was left intentionally blank.