

Division of Health Service Regulation

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

Louise Winkler, RN, Compliance Specialist-POC 07.21.2020  
 STATE FORM 6899 IA-711 If continuation sheet

STATE FORM

6899

LA 7811

If continuation sheet 1 of 9

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>MHL0601361</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/09/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SECU YOUTH CRISIS CENTER, A MONARCH PROGR</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1810 BACK CREEK DRIVE<br/>CHARLOTTE, NC 28213</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| V 537  | Continued From page 1<br><br>include measurable learning objectives,<br>measurable testing (written and by observation of<br>behavior) on those objectives and measurable<br>methods to determine passing or failing the<br>course.<br>(e) Formal refresher training must be completed<br>by each service provider periodically (minimum<br>annually).<br>(f) Content of the training that the service<br>provider plans to employ must be approved by<br>the Division of MH/DD/SAS pursuant to<br>Paragraph (g) of this Rule.<br>(g) Acceptable training programs shall include,<br>but are not limited to, presentation of:<br>(1) refresher information on alternatives to<br>the use of restrictive interventions;<br>(2) guidelines on when to intervene<br>(understanding imminent danger to self and<br>others);<br>(3) emphasis on safety and respect for the<br>rights and dignity of all persons involved (using<br>concepts of least restrictive interventions and<br>incremental steps in an intervention);<br>(4) strategies for the safe implementation<br>of restrictive interventions;<br>(5) the use of emergency safety<br>interventions which include continuous<br>assessment and monitoring of the physical and<br>psychological well-being of the client and the safe<br>use of restraint throughout the duration of the<br>restrictive intervention;<br>(6) prohibited procedures;<br>(7) debriefing strategies, including their<br>importance and purpose; and<br>(8) documentation methods/procedures.<br>(h) Service providers shall maintain<br>documentation of initial and refresher training for<br>at least three years.<br>(1) Documentation shall include: | V 537   | Intentionally Left Blank   |  |

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| V 537  | Continued From page 2<br><br>(A) who participated in the training and the outcomes (pass/fail);<br>(B) when and where they attended; and<br>(C) instructor's name.<br>(2) The Division of MH/DD/SAS may review/request this documentation at anytime.<br>(i) Instructor Qualification and Training Requirements:<br>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.<br>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.<br>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.<br>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.<br>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.<br>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:<br>(A) understanding the adult learner;<br>(B) methods for teaching content of the course;<br>(C) evaluation of trainee performance; and<br>(D) documentation procedures.<br>(7) Trainers shall be retrained at least annually and demonstrate competence in the use | V 537   | Intentionally Left Blank   |  |

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| V 537  | <p>Continued From page 3</p> <p>of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at anytime.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by:</p> | V 537   | Intentionally Left Blank   |  |

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| V 537  | <p>Continued From page 4</p> <p>Based on records review and interviews, the facility failed to ensure staff demonstrated competency in restrictive interventions for 2 of 2 former staff(FS#2 and FS#3). The findings are:</p> <p>Review on 6/11/20 of the facility's policies on restrictive interventions revealed:</p> <ul style="list-style-type: none"> <li>-titled "Use of Approved Interventions in Behavioral Health Services;"</li> <li>-"Such interventions include the emergency use of isolation time-out, seclusion, physical restraint, and any combination thereof;"</li> <li>-"The following restricted interventions are approved for use at [licensee] FBCCs(Facility Based Crisis Centers) under the conditions described in this policy;"</li> <li>-"Physical Restraint: the use of manual methods of restraint that restrict freedom of movement, as specified in Crisis Prevention Institute(CPI) training;"</li> <li>-"Restrictive Interventions may be used as a 'last resort' in emergency situations where the individual receiving services presents a danger to themselves or others;"</li> <li>-"[Licensee] staff will first use verbal techniques to de-escalate the individual;"</li> <li>-"If verbal techniques are ineffective, [licensee] FBCCs will offer a 'quiet room' as an option for the individual to regain behavioral control;"</li> <li>-"Inappropriate use of approved restrictive interventions...will be investigated in accordance with [licensee] policy..."</li> </ul> <p>Review on 6/11/20 of FS#2's personnel record revealed:</p> <ul style="list-style-type: none"> <li>-hire date of 7/15/19 with job title of Behavioral Health Technician;</li> <li>-termination date of 6/3/20;</li> <li>-documentation of completed trainings in the following: CPI dated 7/19/19, Restrictive</li> </ul> | V 537   | <p>On 6/19/20, Program Director requested education to re-assign policy review and training related to Restrictive interventions to all staff. Program Director created a post-quiz for all staff to complete to demonstrate competency knowledge of areas of deficit found in staff during this investigation.</p> <p>Program Director will work with Lead Tech to resume practice/mock drills surrounding escalated behaviors and appropriate use of RI. Lead Tech will be responsible for ensuring mock drills are occurring minimally monthly.</p> | <p>9/7/2020</p> <p>9/1/2020 and ongoing</p>            |



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| V 537  | <p>Continued From page 5</p> <p>Intervention Policy dated 8/17/19, Calming Children in Crisis dated 11/6/19, Overview of Mental Health dated 9/2/19 and Core Elements of Mental Health Crisis dated 8/17/19.</p> <p>Review on 6/11/20 of FS#3's personnel record revealed:<br/>-hire date of 6/18/18 with job title of Behavioral Health Technician;<br/>-termination date of 6/8/20;<br/>-documentation of completed trainings in the following: CPI dated 6/26/19, Restrictive Intervention Policy dated 4/9/19, Calming Children in Crisis dated 10/10/19, Overview of Mental Health dated 6/18/18 and Core Elements of Mental Health Crisis dated 6/22/18.</p> <p>Review on 6/11/20 of client #1's record revealed:<br/>-admission date of 4/20/20;<br/>-diagnoses of Conduct Disorder, Major Depressive Disorder and Post Traumatic Stress Disorder.</p> <p>Review on 6/11/20 of former client #2's (FC#2) record revealed:<br/>-admission date of 5/8/20;<br/>-discharge date of 6/5/20;<br/>-diagnoses of Conduct Disorder, Attention Deficit Hyperactivity Disorder, Other Specific Trauma and Stressor-Related Disorder and Other Specified Depressive Disorder.</p> <p>Interview on 6/11/20 with client #1 revealed:<br/>-liked FS#2;<br/>-one time held her back in front of her room her door;<br/>-put his arm around her neck;<br/>-could breathe, was not in pain, did not hurt;<br/>-all her interactions with FS#2 were positive.</p> | V 537   | Intentionally Left Blank   |  |

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| V 537  | <p>Continued From page 6</p> <p>Interview on 6/25/20 with FC#2 revealed:</p> <ul style="list-style-type: none"> <li>-at the facility for month;</li> <li>-FS#2 "pinned me against the wall;"</li> <li>-FS#2 took one of his arms and FS#3 took his other arm;</li> <li>-was asking for medication from nursing station;</li> <li>-FS#2 and FS#3 holding his arms as he faced the wall.</li> </ul> <p>Interview on 6/15/20 with FS#2 revealed:</p> <ul style="list-style-type: none"> <li>-worked at the facility for 10 months;</li> <li>-was trained in CPI;</li> <li>-FC#2 "knew how to push buttons;"</li> <li>-been a long day with clients acting out;</li> <li>-had told FC#2 to go to his room;</li> <li>-FC#2 was going back and forth to nursing station asking for medication;</li> <li>-told FC#2 to go to his room;</li> <li>-FC#2 "was loud, banging on walls;"</li> <li>-he and FS#3 placed FC#2 in a restraint for about 15-20 seconds;</li> <li>-he had one of FC#2's arms and FS#3 had the other;</li> <li>-sent FC#2 back to his room;</li> <li>-restrained client #1;</li> <li>-had to separate clients trying to fight;</li> <li>-had to "grab" client #1 "anyway" to prevent fighting between clients;</li> <li>-"don't recall" if arm or hand was near client #1's neck, "might have slipped;"</li> <li>-client #1 was wiggling during restraint.</li> </ul> <p>Interview on 6/15/20 with FS#3 revealed:</p> <ul style="list-style-type: none"> <li>-worked at the facility for 2 years;</li> <li>-was trained in CPI;</li> <li>-FC#2 was an attention seeker and acted out to get attention;</li> <li>-she was busy trying to de-escalate another client;</li> <li>-by the time she approached FC#2, FS#2 already</li> </ul> | V 537   | Intentionally Left Blank   |  |

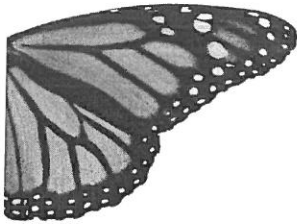
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| V 537  | <p>Continued From page 7</p> <p>had FC#2 in a restrain;<br/>-heard FC#2 say he was ok;<br/>-FS#2 released FC#2;<br/>-FC#2 went in his room.</p> <p>Review on 7/9/20 of video footage regarding client #1 dated 5/24/20 revealed the following:<br/>-client #1 was standing at the door of her room;<br/>-FS#2 was standing at the door of client #1's room with her;<br/>-client #1 tried to come out of her room towards a peer in the dayroom and FS#2 grabbed her;<br/>-FS#2 was behind client #1 with his right arm around her waist;<br/>-FS#2's left arm came down across client #1 between her right shoulder and her lower neck with his left hand under her side under her armpit;<br/>-client #1 was struggling with FS#2 and had her hands on his left arm;<br/>-client #1 calmed down and FS#2 released her.</p> <p>Review on 7/9/20 of video footage regarding FC#2 dated 5/24/20 revealed the following:<br/>-FC#2 was standing at the nursing station, FS#2 and FS#3 were walking around on the unit of the facility;<br/>-FC#2 left the nursing station, came back, left again then came back with FS#3;<br/>-FC#2 and FS#3 were talking at the nursing station;<br/>-FC#2 and FS#3 walked away from the nursing station then returned;<br/>-FC#2 appeared calm and did not appear to be agitated;<br/>-FS#2 approached FC#2 from behind, placed each hand on the upper arms of FC#2 and pulled FC#2 away from the nursing station;<br/>-FS#2 and FC#2 were out of view of the camera;<br/>-FS#2, FS# and FC#2 came back in view of the camera;</p> | V 537   | Intentionally Left Blank   |  |



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| V 537  | <p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-FS#2 walked with FC#2 with his hands on FC#2's upper arms across the dayroom;</li> <li>-FS#3 followed behind FS#2 and FC#2;</li> <li>-FS#2 and FC#2 entered FC#2's room;</li> <li>-no more views were available of FC#2 and FS#2.</li> </ul> <p>Interview on 6/17/20 with the Program Manager revealed:</p> <ul style="list-style-type: none"> <li>-terminated FS#2 and FS#3;</li> <li>-violated restrictive intervention policy;</li> <li>-no reason for FS#2 and FS#3 to put hands on FC#2;</li> <li>-reviewed video footage from 5/24/20 and FC#2 did not need any physical intervention;</li> <li>-also FS#2 did a restraint on client #1 that was not CPI with FS#2's arm near client #1's neck;</li> <li>-plan to do retraining of all staff regarding restrictive intervention policy and appropriate CPI restraints.</li> </ul> | V 537   | Intentionally Left Blank   |  |



July 21, 2020

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 Survey/SECU/07-09-2020

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](mailto:louise.winstead@monarchnc.org)  
252-289-6512

