PRINTED: 07/10/2020 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 07/09/2020 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 (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on 7/9/20. The complaint was unsubstantiated(Intake #165825). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .3100 Non-hospital Medical Detoxification for Individuals with Substance Abuse Disorders and 10A NCAC 27G .5000 Facility Crisis Services for Individuals of All Disability Groups. V 537 V 537 27E .0108 Client Rights - Training in Sec Rest & Intentionally Left Blank 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan DHSR-Mental Health includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of JUL 2 8 2020 seclusion, physical restraint and isolation time-out

demonstrated.

and shall not use these interventions until the

training is completed and competence is

the need for restrictive interventions. (d) The training shall be competency-based,

(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

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Lic. & Cert. Section

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL0601361	B. WING		07/	09/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST.	ATE, ZIP CODE		
		1810 BAC	K CREEK DRIV	VE		
SECU YO	UTH CRISIS CENTER, A		TTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	behavior) on those of methods to determine course.  (e) Formal refresher by each service proviannually).  (f) Content of the trai provider plans to empthe Division of MH/DD Paragraph (g) of this I (g) Acceptable training but are not limited to, (1) refresher infithe use of restrictive in (2) guidelines of (2) (understanding imminothers);  (3) emphasis or rights and dignity of all concepts of least restrincremental steps in a (4) strategies for of restrictive interventions which increasessment and monipsychological well-being use of restraint throug restrictive intervention (6) prohibited providers importance and purpose documentation of initial at least three years.	earning objectives, vritten and by observation of objectives and measurable a passing or failing the training must be completed der periodically (minimum ming that the service loy must be approved by O/SAS pursuant to Rule.  To programs shall include, presentation of: formation on alternatives to interventions; in when to intervene ent danger to selfand in safety and respect for the persons involved (using rictive interventions and in intervention); in the safe implementation ons; intervention ons; intergency safety clude continuous toring of the physical and ing of the client and the safe thout the duration of the cocedures; rategies, including their se; and on methods/procedures.	V 537	Intentionally Left Blank		

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STATEMENT OF DEFICIENCIES (X1) PI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING		COM	PLETED
		MHL0601361	B. WING		07	/09/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE	35	
SECILVO	UTH CRISIS CENTER, A	MONAPCH PROCE	CREEK DR	VE		
3200 10	OTH CRISIS CENTER, A	CHARLOT	TE, NC 28213	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	Continued From page	2	V 537			
	(A) who participa outcomes (pass/fail); (B) when and w (C) instructor's (2) The Division review/request this do (i) Instructor Qualificat Requirements: (1) Trainers shat by scoring 100% on to aimed at preventing, reneed for restrictive into (2) Trainers shat by scoring 100% on to teaching the use of seand isolation time-out. (3) Trainers shat by scoring a passing of instructor training proof (4) The training competency-based, in objectives, measurable observation of behavior measurable methods to failing the course. (5) The content service provider plans approved by the Division to Subparagraph (j)(6) (6) Acceptable in shall include, but not be of: (A) understanding methods for course;	where they attended; and name. In of MH/DD/SAS may ocumentation at anytime. Ition and Training all demonstrate competence esting in a training program educing and eliminating the erventions. Ill demonstrate competence esting in a training program eclusion, physical restraint are competence grade on testing in an anytam. Ill demonstrate competence grade on testing in anytam. Ishall be clude measurable learning the etesting (written and by or) on those objectives and to determine passing or of the instructor training the to employ shall be on of MH/DD/SAS pursuant of this Rule. Instructor training programs to limited to, presentation the grade in the adult learner; teaching content of the	V 537	Intentionally Left Blank		
	<ul><li>(D) documentation</li><li>(7) Trainers shall</li></ul>	f trainee performance; and on procedures.  Il be retrained at least rate competence in the use				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL0601361	B. WING		07/	09/2020
	PROVIDER OR SUPPLIER	MONARCH PROGR 1810 BAG	DDRESS, CITY, STAT CK CREEK DRIVE TTE, NC 28213			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	of seclusion, physical time-out, as specified Rule.  (8) Trainers shared CPR.  (9) Trainers shared in teaching the use of least two times with a coach.  (10) Trainers shared use of restrictive internanually.  (11) Trainers shared use of restrictive internanually.  (12) Service providers of documentation of initial training for at least thrust (1) Documentation (1) Documentation (2) who participes outcome (pass/fail);  (B) When and Who instructor's review/request this documentation of Country (2) The Division review/request this documentation of Country (2) Coaches shared users as a trainanually.  (2) Coaches shared users	restraint and isolation in Paragraph (a) of this all be currently trained in all have coachedexperience restrictive interventions at positive review by the all teach a program on the ventions at least once all complete arefresher east every two years. Shall maintain all and refresher instructor ee years. Sion shall include: ated in the training and the there they attended; and name.  of MH/DD/SAS may cumentation at any time. aches: all meet all preparation ner. all teach at least three this being coached. all demonstrate ention of coaching or stion. all be the same ters.	V 537	Intentionally Left Blank		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  S:	COMPLETED	
		MHL0601361	B. WING		07	/09/2020
	UTH CRISIS CENTER, A	1810 BAC				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTION CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETE DATE
V 537	Based on records revifacility failed to ensure competency in restrict former staff(FS#2 and Review on 6/11/20 of restrictive intervention titled "Use of Approve Behavioral Health Sen	ew and interviews, the estaff demonstrated ive interventions for 2 of 2 FS#3). The findings are: the facility's policies on a revealed: ed Interventions in vices;"	V 537	On 6/19/20, Program Director receducation to re-assign policy reviet training related to Restrictive interventions to all staff. Program Director created a post-quiz for all complete to demonstrate compet knowledge of areas of deficit foun staff during this investigation.	ew and	9/7/2020
	-"Such interventions in of isolation time-out, so and any combination to any combination to approved for use at [lic Based Crisis Centers) described in this policy -"Physical Restraint: the of restraint that restrict specified in Crisis Preventions;" -"Restrictive Interventions resort in emergency signification of the individual receiving serthemselves or others;" -"[Licensee] staff will fir de-escalate the individual and individual and individual and individual to regain the individual to regain -"Inappropriate use of a interventions will be in with [licensee] policy"  Review on 6/11/20 of Frevealed:	aclude the emergency use ecclusion, physical restraint, hereof;" ed interventions are genesee] FBCCs(Facility under the conditions growth;" e use of manual methods freedom of movement, as cention Institute(CPI) ons may be used as a 'last truations where the vices presents a danger to get use verbal techniques to grad;" re ineffective, [licensee] get room' as an option for behavioral control;" reproved restrictive vestigated in accordance  S#2's personnel record  th job title of Behavioral  20; coleted trainings in the		Program Director will work with Letent to resume practice/mock drill surrounding escalated behaviors a appropriate use of RI. Lead Tech w responsible for ensuring mock drill occurring minimally monthly.	ls nd vill be	9/1/2020 and ongoing

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
	MHL0601361		B. WING		07/09/2020	
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
SECU YOUTH CRISIS CENTER, A MONARCH PROGR			CREEK DR TE, NC 2821:			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETE DATE
V 537	Continued From page	. 6	V 527			
	Mental Health dated S Mental Health Crisis of Review on 6/11/20 of revealed: -hire date of 6/18/18 w Health Technician; -termination date of 6/-documentation of confollowing: CPI dated 6/- Intervention Policy date Children in Crisis date Mental Health dated 6/- of Mental Health Crisis Review on 6/11/20 of 6/- admission date of 4/2/- diagnoses of Conduct Depressive Disorder a Disorder.  Review on 6/11/20 of f record revealed: -admission date of 5/8/- discharge date of 6/5/2/- diagnoses of Conduct Hyperactivity Disorder, and Stressor-Related E Specified Depressive E Interview on 6/11/20 wi- liked FS#2; -one time held her backdoor;	ted 8/17/19, Calming ed 11/6/19, Overview of 0/2/19 and Core Elements of lated 8/17/19.  FS#3's personnel record with job title of Behavioral 8/20; Inpleted trainings in the 1/26/19, Restrictive 1/26/19, Calming 1/26/19, Calming 1/26/19, Calming 1/26/18.  It is record revealed: 0/20: It is provided the second revealed: 0/2	V 537	Intentionally Left Blank		
	-put his arm around her -could breathe, was not -all her interactions with	in pain, did not hurt;				

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I		IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE	E SURVEY	
ı	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
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ı	MHL0601361  NAME OF PROVIDER OR SUPPLIER  SECU YOUTH CRISIS CENTER, A MONARCH PROGR			B MING				
ŀ			MHL0601361	b. Wing		07	/09/2020	
NAME OF PROVIDER OR SUPPLIER STREET A			STREET AD	DRESS, CITY, ST	FATE, ZIP CODE			
l			1910 BAC	K CREEK DRI				
l	SECU YO	UTH CRISIS CENTER, A	MONARCH PROGR	TTE, NC 28213				
ŀ	(VA) ID	CLIMMADY CT						_
l	(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)	
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l				170	DEFICIENCY)	MATE	DATE	
r	V 537	Continued From	^				-	
	V 537	Continued From page	6 6	V 537				
		Interview on 6/25/20 v	vith FC#2 revealed:	1				
		-at the facility for month						
	1	-FS#2 "pinned me aga						
	1	-FS#2 took one of his	arms and FS#3 took his					
			arris and r one took ms					
	other arm; -was asking for medication from nursing station;							
			ng his arms as he faced the					
		wall.	rig his aims as he laced the					
		wall.						
		Interview 0/45/00	:4- 5040					
		Interview on 6/15/20 w						
		-worked at the facility f	for 10 months;					- 1
		-was trained in CPI;						-
		-FC#2 "knew how to pr						- 1
		-been a long day with	clients acting out;					-
		-had told FC#2 to go to	his room;					1
		-FC#2 was going back	and forth to nursing station					-
		asking for medication;	U Section of the temporal and the section of the s					-
		-told FC#2 to go to his	room;					1
		-FC#2 "was loud, bang			Intentionally Laft Disc.			1
			C#2 in a restraint for about		Intentionally Left Blank			1
		15-20 seconds;	one in a rootiant for about					1
			arms and FS#3 had the					١
	1	other;	arms and 1 0#0 had the					1
	10.1	-sent FC#2 back to his	room:					
		-restrained client #1;	room,					
		-had to separate clients	trying to fight:					
		-had to "grab" client #1						
		fighting between clients						
			hand was near client #1's					1
		neck, "might have slipp	Control of the contro					1
	-	-client #1 was wiggling	during restraint.					1
		ntoniou an CHEIOC	45 FO#2					
		nterview on 6/15/20 with						1
	- 1	worked at the facility fo	or 2 years;					1
		was trained in CPI;	(1) (2)					1
			seeker and acted out to					
		get attention;						
	-	she was busy trying to	de-escalate another					
		client;						
	-	by the time she approa	ched FC#2, FS#2 already					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601361	B. WING		07/09/2020
NAME OF PROVIDER OR SUPPLIER  SECU YOUTH CRISIS CENTER, A MI	ONARCH PROGR 1810 BA	DDRESS, CITY, STAT CK CREEK DRIVE DTTE, NC 28213		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
peer in the dayroom and -FS#2 was behind client around her waist; -FS#2's left arm came do between her right should	eo footage regarding revealed the following: at the door of her room; he door of client #1's out of her room towards a d FS#2 grabbed her; the with his right arm own across client #1 der and her lower neck her side under her armpit; with FS#2 and had her and FS#2 released her.  The footage regarding ealed the following: he nursing station, FS#2 around on the unit of the ation, came back, left ith FS#3; elking at the nursing away from the nursing away from the nursing away from the nursing arms of FC#2 and pulled sing station; at of view of the camera; at the following:	V 537	Intentionally Left Blank	

Division of Health Service Regulation

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
		MHL0601361	B. WING		0.	7/09/2020
	PROVIDER OR SUPPLIER	MONARCH PROGR 1810 BAG	DDRESS, CITY, STA CK CREEK DRIV DTTE, NC 28213			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 537	-FS#2 walked with FC FC#2's upper arms ac -FS#3 followed behind -FS#2 and FC#2 ente -no more views were a FS#2.  Interview on 6/17/20 wrevealed: -terminated FS#2 and -violated restrictive intronoreason for FS#2 and FC#2; -reviewed video footaged id not need any physicalso FS#2 did a restranot CPI with FS#2's ar -plan to do retraining of	t#2 with his hands on cross the dayroom; d FS#2 and FC#2; red FC#2's room; available of FC#2 and with the Program Manager FS#3; ervention policy; and FS#3 to put hands on the from 5/24/20 and FC#2 ical intervention; aint on client #1 that was m near client #1's neck;	V 537	Intentionally Left Blank		





July 21, 2020

Gina McLain, Facilty 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

Perise Winstead, AN

louise.winstead@monarchnc.org

252-289-6512

