

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 R 12/07/2021
--	---	---	---

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 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed 12-7-21. One complaint was unsubstantiated (#NC00181152) and three complaints were substantiated (#NC00181084, #NC00180551, and #NC00179567). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals who Are Substances Abusers, 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups</p> <p>The survey sample consisted of three current clients and three former clients.</p>	V 000		
V 269	<p>27G .5001 Facility Based Crisis - Scope</p> <p>10A NCAC 27G .5001 SCOPE</p> <p>(a) A facility-based crisis service for individuals who have a mental illness, developmental disability or substance abuse disorder is a 24-hour residential facility which provides disability-specific care and treatment in a non-hospital setting for individuals in crisis who need short-term intensive evaluation, or treatment intervention or behavioral management to stabilize acute or crisis situations.</p> <p>(b) This facility is designed as a time-limited alternative to hospitalization for an individual in crisis.</p> <p>This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to provide behavioral management to stabilize acute or crisis situations effecting</p>	V 269		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 R 12/07/2021
--	---	---	---

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 269	<p>Continued From page 1</p> <p>three of three former clients (FC#4, FC#5, and FC#6). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .5002 Staff (V270) Based on record reviews and interviews the facility failed to have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of the individual clients effecting three of three Former Clients (FC), (FC#4, FC#5, and FC#6).</p> <p>Cross Reference: 10A NCAC 27G . 5003 Operations (V271) Based on record reviews and interviews, the facility failed to implement procedures for discharge planning for all clients that were sent out to the hospital effecting three of three Former Clients (FC#4, FC#5, and FC#6).</p> <p>Interview on 12-2-21 with the facility Crisis Administrator revealed: -Sometimes the clients get to the hospital and don't show the behaviors that they were showing at the facility. -It is always the last resort to send a client to the hospital.</p> <p>Review on 12-2-21 of initial Plan of Protection dated and signed by the Vice President of Operations on 12-2-21 revealed:</p> <p>What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>"1. All patients will be accompanied to the hospital. A. Staff will be retrained on the need to accompany any patient to the emergency room per Monarch's policy by their next scheduled shift</p>	V 269		

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 R 12/07/2021
--	---	---	---

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 269	<p>Continued From page 2</p> <p>starting on 12/3/21.</p> <p>B. To make sure that the above happens, review the policy with medical providers and staff.</p> <p>C. The onsite nurse will document the staff that will accompany the patient to the hospital.</p> <p>D. An immediate communication will be sent to all SECU staff to ensure that patients are accompanied to the hospital every time per Monarch's (licensee) policy.</p> <p>E. The crisis administrator will receive an immediate report from the nurse on which staff are accompanying the patient to the hospital and ensure that the Hospital information form is provided.</p> <p>2. Making sure that the hospital receives discharge paperwork</p> <p>A. Staff will bring the clinical information to the hospital and provide the hospital information form to the hospital staff.</p> <p>B. The crisis administrator will verify that staff have the appropriate documentation for the hospital.</p> <p>C. Staff will ensure that the hospital staff initial receipt of the paperwork provided by SECU.</p> <p>3. Hospital needs the rationale for SECU not taking the patients back.</p> <p>A. If the doctor determines that the patient cannot return to SECU, clinical documentation will be provided to the hospital to support the decision."</p> <p>Review on 12-7-21 of Plan of Protection dated and signed on 12-7-21 by the Vice President of Operations and the Crisis Administrator revealed:</p> <p>"1. All patients will be accompanied to the hospital.</p>	V 269		

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 R 12/07/2021
--	---	---	---

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 269	<p>Continued From page 3</p> <p>A. Staff will be retrained on the need to accompany any patient to the emergency room per Monarch's policy by their next scheduled shift starting on 12/3/21.</p> <p>B. To make sure that the above happens, review the policy with medical providers and staff.</p> <p>C. An immediate communication will be sent to all SECU staff to ensure that patients are accompanied to the hospital every time per Monarch's policy.</p> <p>D. The onsite nurse will document the staff that will accompany the patient to the hospital.</p> <p>E. When a staff member accompanies a patient to the hospital, actions will be taken to maintain adequate coverage at SECU. The coordination will be initiated by the licensed professional, medical director, or a member of leadership.</p> <p>F. The crisis administrator will receive an immediate report from the nurse on which staff are accompanying the patient to the hospital and ensure that the Hospital information form is provided.</p> <p>2. Making sure that the hospital receives discharge paperwork</p> <p>A. Staff will bring the clinical information to the hospital and provide the hospital information form to the hospital staff.</p> <p>B. The crisis administrator will verify that staff have the appropriate documentation for the hospital.</p> <p>C. Staff will ensure that the hospital staff initial receipt of the paperwork provided by SECU.</p> <p>3. Hospital needs the rationale for SECU not taking the patients back.</p> <p>A. If the doctor determines that the patient cannot return to SECU, clinical documentation</p>	V 269		

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 R 12/07/2021
--	---	---	---

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 269	<p>Continued From page 4</p> <p>will be provided to the hospital to support the decision."</p> <p>This deficiency was previously cited on 2-4-19.</p> <p>Former Client #4 (FC#4), Former Client #5 (FC#5), and Former Client #6 (FC#6) were taken to the local Hospital emergency room and discharged without a discharge plan in place. Former Clients #4, #5, and #6 had diagnoses and behaviors including but not limited to Oppositional Defiant Disorder, Substance Abuse Disorder, verbal/physical aggression, and property damage. According to the clients clinical assessments they met the criteria to be admitted to the program. However after the clients were admitted to the facility clients were sent to the hospital for the same types of behaviors they had been admitted for. On 7-22-21 FC#4 was exhibiting aggressive behaviors towards staff and property destruction. She was taken to the local emergency room and was cleared to be returned to the facility the same day. The facility refused to take her back and FC#4 stayed in the local emergency room until 7-30-21. FC#4 was exhibiting self injurious behavior and was taken to the local emergency room. She was cleared to return to the facility the same day but the facility refused to take her back, citing one reason being that the facility was having a Covid outbreak. FC#4 stayed in the emergency room from 8-13-21 until 8-21-21. FC#6 was having issues with non-compliance, verbal and physical aggression and threatening peers. She was taken to local emergency room on 10-27-21 and was cleared to be taken back to the facility the same day. The facility refused to take her back and FC#6 stayed in the local emergency room until November 12 before placement could be found. There were no previous incident reports for all three former</p>	V 269		

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 R 12/07/2021
--	---	---	---

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 269	<p>Continued From page 5</p> <p>clients. The facility's policy revealed that all clients were to be accompanied by staff when they were sent to the hospital. Staff interviews confirmed the facility could not manage their crisis behaviors due to not implementing the appropriate interventions and not having additional staff in place to provide more intensive supervision, treatment. In addition staff acknowledged that clients who posed immediate threats to themselves or others were sent to the hospital because they were unable to manage the behaviors. When clients were sent to the hospital, the facility did not send staff to accompany the clients, did not consistently provide pertinent information about their diagnoses, history, or behaviors, and did not follow up with the hospital once clients arrived. This compromised the ability of the Emergency Department to effectively meet the needs of clients in crisis. In addition they did not coordinate care with the legal guardian to assure the most appropriate individualized treatment and transition planning if the client was unable to return to the facility.</p> <p>This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 269		
V 270	<p>27G .5002 Facility Based Crisis - Staff</p> <p>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.</p>	V 270		

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 R 12/07/2021
--	---	---	---

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>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>(g) Staff supervision shall be provided by a qualified professional as appropriate to the client's needs.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of the individual clients effecting three of three Former Clients (FC), (FC#4, FC#5, and FC#6). The findings are:</p> <p>Review on 9-22-21 of FC#4's record revealed: -Admitted 7-1-21. - Discharged 7-22-21.</p>	V 270		

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 R 12/07/2021
--	---	---	---

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 7</p> <p>-14 years old.</p> <p>-Diagnoses include; Attention Deficit Disorder/Hyper Activity Disorder (ADHD) and Acute Stress Disorder.</p> <p>-Comprehensive Clinical Assessment completed by the facility dated 7-1-21 revealed: previous charges of assault of a public officer and AWOL's (absent without leave), currently on probation, no active SI/HI (Suicide Ideation/Homicide Ideation) prior diagnoses of Dysregulation Mood Disruption Disorder, Oppositional Defiant Disorder and Post Traumatic Stress Disorder. Presenting as IVC (Involuntary Commitment) after going to ER (Emergency Room) for being aggressive with her mother and threatening to snort pills.</p> <p>Review on 9-22-21 of Discharge notice dated 7-22-21 at 3:43pm for FC#4 revealed:</p> <p>- "...On the day of discharge she was refusing to participate in group. She obtained a phone, used it to break glass on unit. She was then in nursing station again, agitated and threatening. It was unclear if she would harm herself or others. She was put in a CPI (Crisis Prevention Intervention) hold at which time she punched/assaulted female staff. She was refusing medications at the time of the altercation and staff were unable to administer IM (Intramuscular Medication) at this time. Due to the ongoing threats to peers and staff, disruption to unit, property destruction and aggression, youth is discharged to ER. I have contacted her mother briefly made her aware as she was at work and needed to end phone call."</p> <p>- "Reason for Discharge: Administrative Discharge."</p> <p>- "Discharge Disposition: Transfer to a Hospital ED (Emergency Department)."</p> <p>- Employee signature was the Lead Therapist</p>	V 270		

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 R 12/07/2021
--	---	---	---

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 8</p> <p>dated 7-1-21, Legal Guardian signature was electronic and dated 7-1-21.</p> <p>-Second discharge summary signed by the facility's doctor on 7-22-21 at 11:05 am, approved by the Crisis Administrator 9-22-21.</p> <p>-Review on 9-22-21 of facility discharge policy revealed: No discharge labeled "Administrative Discharge" included in the policy.</p> <p>Review on 10-13-21 of North Carolina Incident Improvement System (IRIS) incident dated 7-22-21 for FC#4 and completed on 7-25-21 by the Crisis Administrator revealed:</p> <p>-"On the day of the incident, patient was refusing to participate in group. She obtained a phone and used it to break the glass on the door on the unit. She then jumped on the nurses station again, agitated and threatening. It was unclear if she would harm herself or others. She was put in a CPI (Crisis Prevention Intervention)hold at which time she punched/assaulted female staff. She was refusing medications at the time of the altercation and staff were unable to administer IM (Intramuscular Medication) at this time. Due to the ongoing threats to peers and staff, disruption to unit, property destruction and aggression, youth was discharged to the emergency room."</p> <p>-No further incident reports for FC#4 documented.</p> <p>Review on 9-22-21 of FC#5's record revealed:</p> <p>-Admitted 7-30-21.</p> <p>- Discharged 8-14-21.</p> <p>-16 years old.</p> <p>-Assessment dated 7-30-21 revealed: Hx (history) of ADHD, anxiety, ASD (Autism Spectrum Disorder) and MDD (Major Depressive Disorder) , SIB's (Self Injurious Behavior) and medication non-compliance. Fidgeting, rocking</p>	V 270		

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 R 12/07/2021
--	---	---	---

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 9</p> <p>and looking around which is consistent with her diagnosis of ASD, history of ED and inpatient psychiatric placement for SI, suicide attempts, SIB's, aggression, medication non-compliance.</p> <p>Review on 9-23-21 of IRIS report for FC#5 for incident dated 8-13-21 completed by the Crisis Administrator on 8-17-21 for FC#5 revealed: -"Night nurse proceed to assess the wound and determined that the patient needed further medical attention...patient was taken to the hospital as a result." -No additional incident reports for FC#5 documented.</p> <p>Review on 9-22-21 of Discharge Notice dated 8-13-21 for FC#5 revealed: -"Section 2; Reason for transfer ...service not available at crisis center (includes medical emergency or higher level of psychiatric care)" -"Describe (e.g. vital signs, significant history...: anxious, jumping, vocalizing-moaning. EMS put her on a stretcher and transported her to [local hospital]" -"[Former Staff #4] and [staff #5] went to [local hospital] ED." - Legal Guardian was notified of the "medical need to transfer PWS (Person We Support) out to hospital ED."</p> <p>Review on 11-1-21 of FC#6's record revealed: -Admitted 10-19-21. - Discharged 10-27-21. -16 years old. -Assessment dated 10-19-21 revealed: ..."admitted to [facility] via IVC (Involuntary Commitment) from [hospital ED] after an overdose on 10-7-21...not attempting suicide by OD's (overdosed) on fentanyl and methamphetamine while celebrating her</p>	V 270		

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 R 12/07/2021
--	---	---	---

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 10</p> <p>birthday...strong substance use history in family..."</p> <p>Review on 11-10-21 of Discharge notice for FC#6 dated 10-27-21 and signed by the Behavioral Health Therapist revealed: -"Youth has been resistant to participation in therapeutic calendar. She has had issues with non-compliance, verbal/physical aggression, bullying, and has made threats to peers/staff. Her behaviors have worsened in particular over the last few days. She has become increasingly difficult to de-escalate and at times could not be redirected.. Due to these behaviors and inability to de-escalate, she was discharged into the care of EMS (Emergency Medical Services)." -"Youth discharged to care of EMS to be transported to hospital ED. All formal supports will receive a copy of the discharge summary to ensure continuity of care."</p> <p>Review on 9-22-21 of Department of Health and Human Services of North Carolina Covid report dated 8-23-21 revealed: -First Covid case reported at the facility was 8 -7-21.</p> <p>Interview on 10-8-21 with Hospital staff revealed: -FC#5 was in the ER from 8-12-21 to 8-21-21. -"Monarch (licensee) said they wouldn't pick her up because they didn't have staffing and they had a COVID outbreak."</p> <p>Interview on 11-16-21 with the facility's Former Medical Director revealed: -She had left the position on 11-9-21. -A client would be sent to the ER if the child is unsafe to themselves or others and the facility can't get them to de-escalate.</p>	V 270		

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 R 12/07/2021
--	---	---	---

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 11</p> <ul style="list-style-type: none"> -Staff ratio should not effect whether or not a client can come back. -The facility was never out of ratio, but if a client needed more help, sometimes that was an issue. -The facility didn't always have extra staff. -Sometimes the Crisis Administrator would work, but she was not always available. <p>Interview on 11-28-21 with the facility's Medical Director revealed:</p> <ul style="list-style-type: none"> -Staff shortages wouldn't effect clients being sent to the ER but, "we can only do one to one for so long." <p>Interview on 11-29-21 with Anonymous facility staff revealed:</p> <ul style="list-style-type: none"> -The facility has staffing now. -Previously they had a staffing problem and there would be two technicians and one nurse for the facility. One Technician on each side and a nurse would be floating between them. -They did not have staffing for one to one if a client needed it. <p>Interview on 11-30-21 with the facility Crisis Administrator revealed:</p> <ul style="list-style-type: none"> -Staff shortages had no impact on the decision not to bring the clients back from the emergency room. -They are within ratio. -If multiple clients need one to one attention, they need more staff. -They were having a COVID outbreak when FC#5 left and they had stopped doing admissions during that time. <p>This deficiency has been cited two times, on 2-4-19, and 12-11-19</p>	V 270		

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 R 12/07/2021
--	---	---	---

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	Continued From page 12 This deficiency is crossed referenced into 10A NCAC 27G .5001 (V269) Scope for a Type A1 rule violation and must be corrected within 23 days.	V 270		
V 271	27G .5003 Facility Based Crisis - Operations 10A NCAC 27G .5003 OPERATIONS (a) Each facility shall have protocols and procedures for assessment, treatment, monitoring, and discharge planning for adults and for children of each disability group served in the facility. Protocols and procedures shall be approved by the area program's medical director or the medical director's designee, as well as the director of the appropriate disability unit of the area program. (b) Discharge Planning and Referral to Treatment/Rehabilitation Facility. Each facility shall complete a discharge plan for each client that summarizes the reason for admission, intervention provided, recommendations for follow-up, and referral to an outpatient or day program or residential treatment/rehabilitation facility. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement protocol and procedures for discharge planning for all clients that were sent out to the hospital effecting three of three Former Clients (FC#4, FC#5, and FC#6). The findings are: Review on 9-29-21 of facility's Policy Manual, section "Intake, Admission, Discharge" last updated 11-5-19 revealed:	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 13</p> <p>-"Emergency Discharge to Higher Level of care due to Violent and Aggressive Behaviors</p> <ol style="list-style-type: none"> 1. If after completing steps outlined in the Restrictive Interventions and Forced Medication Policy, the person supported continues to exhibit behavior that places themselves or others at risk, discharge to a higher level of care may be considered. 2. If staff psychiatrist/nurse practioner/physician assistant determine that discharge to a higher level of care is warranted, obtain a discharge order. 3. Call 911 for transport to the Emergency Department. 4. Notify legal guardian if minor...Notification will include a verbal summary of the occurrence that precipitated the discharge. 5. Complete Report Form and call report to receiving facility. 6. Copy MAR (Medication Administration Record) and print Discharge Summary, make copies and provide to EMS (Emergency Medical Service). 7. Obtain all personal belongings including medications and provide to EMS 8. For persons supported who are minors or have a legal guardian, a staff member will be present in the Emergency Department until their guardian arrives or a sitter is obtained..." <p>Review on 10-18-21 of facility's Administration of Emergency Medication Policy, last updated 3-4-21 revealed:</p> <p>-"I. Policy statement on the use of administration of emergency medications: In situations of high clinical acuity, where other attempts to stabilize an individual have failed and the individual is felt to be an acute risk to self and/or others, Monarch may administer an emergency use of medication as ordered by the</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 14</p> <p>provider (via intramuscular injection or other methods of administration as deemed clinically appropriate)."</p> <p>"II. ...5. Adminstration of emergency medications may be utilized in conjunction with a physical intervention if needed to administer the medication safely. Physical interventions that may be utilized include standing or sitting 1-person or 2-person holds. Prone holds are not permitted. Emergency administration of medication will only be attempted when staff believe they can do so while maintaining the safety of the individual, themselves, and the other members of the milieu...."</p> <p>Review on 9-22-21 of FC#4's record revealed:</p> <ul style="list-style-type: none"> -Admitted 7-1-21. -Discharged 7-22-21. -Diagnoses include; Attention Deficit Disorder/Hyper Activity Disorder (ADHD) and Acute Stress Disorder. -14 years old. -Assessment dated 7-1-21 revealed: previous charges of assault of a public officer and AWOL'S (absent without leave), currently on probation, no active SI/HI (Suicide Ideation/Homicide Ideation) prior diagnoses of Dysregulation Mood Disruption Disorder (DMDD), Oppositional Defiant Disorder (ODD) and Post Traumatic Stress Disorder (PTSD). Presenting as IVC (Involuntary Commitment) after going to ER (Emergency Room) for being aggressive with her mother and threatening to snort pills. -Person Centered Plan dated 7-21-21 revealed: Demonstrate improved coping skills as evidenced by verbalization and demonstration of three positive coping skills. <p>Review on 10-13-21 of North Carolina Incident Improvement System (IRIS) incident dated</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 15</p> <p>7-22-21 for FC#4 and completed on 7-25-21 by the Crisis Administrator revealed:</p> <p>-On the day of the incident, patient was refusing to participate in group. She obtained a phone and used it to break the glass on the door on the unit. She then jumped on the nurses station again, agitated and threatening. It was unclear if she would harm herself or others. She was put in a CPI (Crisis Prevention Intervention) hold at which time she punched/assaulted female staff. She was refusing medications at the time of the altercation and staff were unable to administer IM (Intramuscular Medication) at this time. Due to the ongoing threats to peers and staff, disruption to unit, property destruction and aggression, youth was discharged to the emergency room."</p> <p>-No other incidents documented.</p> <p>Review on 9-22-21 of Discharge notice dated 7-22-21 at 3:43pm for FC#4 revealed:</p> <p>-During [FC#4]'s admit, she was struggling with emotional regulation. She has threatened staff, threatened peers, jumping into nursing station, destroyed property on the unit. She has required manual holds, IM Benadryl, numerous PRN (pro re nata) doses of Vistaril and Zyprexa Zydis. Outbursts are occurring several times daily. On the day of discharge she was refusing to participate in group. She obtained a phone, used it to break glass on unit. She was then in nursing station again, agitated and threatening. It was unclear if she would harm herself or others. She was put in a CPI (Crisis Prevention Intervention) hold at which time she punched/assaulted female staff. She was refusing medications at the time of the altercation and staff were unable to administer IM (Intramuscular Medication) at this time. Due to the ongoing threats to peers and staff, disruption to unit, property destruction and</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 16</p> <p>aggression, youth is discharged to ER. I have contacted her mother briefly made her aware as she was at work and needed to end phone call.." -"Reason for Discharge: Administrative Discharge." -"Discharge Disposition: Transfer to a Hospital ED (Emergency Department)." -"[FC#4] is on the wait list for PRTF (Psychiatric Residential Treatment Facility) at [Name of PRTF]." -Employee signature was the Lead Therapist dated 7-1-21, Legal Guardian signature was electronic dated 7-1-21. -Second discharge summary signed by the doctor on 7-22-21 at 11:05 am, approved by the Crisis Administrator 9-22-21.</p> <p>Review on 9-22-21 of FC#5's record revealed: -Admitted 7-30-21. - Discharged 8-13-21. -Diagnoses of : Autism Spectrum Disorder (ASD), Unspecified Anxiety Disorder, Major Depressive Disorder (MDD) and ADHD. -16 years old. -Assessment dated 7-30-21 revealed: Hx (history) of ADHD, anxiety, ASD and MDD, SIBs (Self Injurious Behavior) and medication non-compliance. Fidgeting, rocking and looking around which is consistent with her diagnosis of ASD, history of ED and inpatient psychiatric placement for SI, suicide attempts, SIBs, aggression, medication non-compliance. She was previously at a PRTF which closed. FC#5 went without her medications while living with family members and started scratching her arms. She was also caught engaging in sexual behaviors with a 13 year old female also living in the house. Guardian fearful of having her live with him so he took her to local hospital. She did not meet the criteria to be admitted so she was referred to</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 17</p> <p>crisis unit. She has a history of cutting and has multiple scars.</p> <p>-Person Centered Plan dated 7-29-21 revealed goals of: Demonstrate improved coping skills as evidenced by (aeb) verbalization and demonstration of three positive coping skills.</p> <p>Review on 9-23-21 of Progress Note dated 8-13-21 for FC#5 and signed by the Registered Nurse (RN) revealed:</p> <p>- "At shift change approximately 710pm...day nurse was providing treatment to said patients arm (FC#5). After seeing arm and the multiple cuts with bleeding. On call doctor was contacted by writer (RN) and orders given to send out to hospital. At approximately 7:15pm Ems was contacted..PWS (Person We Support) was very anxious as she was jumping up and down and she walked away from treatment. EMS wrapped arm and transported to hospital...multiple lacerations...most was superficial with no bleeding...Day nurse called and left message for grandfather (legal guardian). Grandfather returned call to SECU and information given to him about event, her condition and where she was transported to. He was very upset and requested to speak to the administrator. Writer (RN) informed him that SECU administrator would call him back."</p> <p>Review on 9-23-21 of progress note dated 8-13-21 and signed by the facility Psychiatrist revealed:</p> <p>-I spoke to [ER physician]...who cited that [FC#5] was medically safe and he felt she could return back to Monarch (Licensee). I discussed that I think [FC#5] requires a higher level of care, given her recent actions and discussed limits to our SECU unit. [ER physician] relayed being upset by this information. He reported not yet</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 18</p> <p>consulting the [local hospital] child psychiatrist re: [FC#5] but this was recommended."</p> <p>Review on 9-23-21 of IRIS report for FC#5 for incident dated 8-13-21 completed by the Crisis Administrator on 8-17-21 for FC#5 revealed: -"Night nurse proceed to assess the wound and determined that the patient needed further medical attention...patient was taken to the hospital as a result." -No other incident reports documented for FC#5.</p> <p>Review on 9-22-21 of Discharge Notice dated 8-13-21 for FC#5 and signed by the facility's RN revealed: -"Section 2; Reason for transfer ...service not available at crisis center (includes medical emergency or higher level of psychiatric care)" -"Describe (e.g. vital signs, significant history...: anxious, jumping, vocalizing-moaning. EMS put her on a stretcher and transported her to [local hospital]" -"[Former Staff #4] and [staff #5] went to [local hospital] ED." - Legal Guardian was notified of the "medical need to transfer PWS out to hospital ED."</p> <p>Review on 11-1-21 of FC#6 record revealed: -Admitted 10-19-21, discharged 10-27-21. -Diagnoses include: Opioid Use Disorder, severe, Amphetamine-type substance use disorder-severe, PTSD (Post Traumatic Stress Disorder), Unspecified anxiety disorder. -16 years old. -Assessment dated 10-19-21 revealed: ..."admitted to Monarch SECU Youth Crisis Center via IVC (Involuntary Commitment) from [hospital ED] after an overdose on 10-7-21...not attempting suicide by OD's (overdosed) on</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 19</p> <p>fentanyl and methamphetamine while celebrating her birthday...strong substance use history in family...Spoke with [DSS (Department of Social Services) guardian] who reports a long hx (history) with youth and family. She states youth is a high elopement risk...hx of sexual and physical abuse...felony charges of damage to government property, damage to electronic property(cut two ankle monitors off)..hx of cutting..."</p> <p>-Person Centered Plan date 10-19-21 revealed: Long range goal; discharge to appropriate level of care, short range goal; will demonstrate improved coping skills aeb verbalizing and demonstration of three coping skills.</p> <p>Review on 11-10-21 of Discharge notice dated 10-27-21 and signed by the Behavioral Health Therapist on 10-27-21 for FC#6 revealed: -"Youth has been resistant to participation in therapeutic calendar. She has had issues with non-compliance, verbal/physical aggression, bullying, and has made threats to peers/staff. Her behaviors have worsened in particular over the last few days. She has become increasingly difficult to de-escalate and at times could not be redirected.. Due to these behaviors and inability to de-escalate, she was discharged into the care of EMS." -"Youth discharged to care of EMS to be transported to hospital ED. All formal supports will receive a copy of the discharge summary to ensure continuity of care."</p> <p>Review on 10-27-21 of email dated 10-27-21 sent by the Clinical Supervisor from the local hospital revealed: -"Just following up on patient [FC#6]. Patient was sent from Monarch via EMS for mental eval</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 20</p> <p>(evaluation) patient denied any SI/HI and was cleared by our ED doctor back to Monarch. Monarch refused to take the patient back."</p> <p>Review on 12-1-21 of inter-office email chain dated 12-2-21 from the Clinical Supervisor from local hospital and other local hospital personnel revealed:</p> <p>-12:27am: "Quick question when a patient comes from [facility] are they always sent with a face sheet that gives their diagnoses, medicines that they are on, and the guardian information. Also is the "charge nurse" also called and the client's issues discussed. I know I have not always seen this happen. What about y'all (you all)?"...</p> <p>-9:27am: "I don't think I've seen this happen. [Hospital staff] has been there primary contact she might have more information."</p> <p>-9:35am: "They got cited for the same thing a few years ago resulting in getting fined and put an action plan and obviously hasn't improved so this isn't new with them..."</p> <p>-11:13am: "We met with their (facility) leadership in 2019 to address these concerns. I created a brief report sheet that they agreed to use. I don't know if it is consistently used. I talked to someone on Monday (11-28-21) for a while about the importance of appropriate hand off and clear expectations of how to manage the minor patient. It simply can't be our problem now. It should be a joint effort to do what is best for the child. The two minors sent to us Monday night were unaccompanied also. We need to have a better understanding of their role in patient's care and what they can and cannot do. As should they know what they can and cannot do (like dumping the patient). I will attach the sheet. Feel free to bring it back to them, tweak it or not use it. I can help if needed."</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 21</p> <p>-1:24pm:"It's not consistent when it comes from monarch (Licensee) I reached out to the rest of the leadership team from [hospital] and below is some information as well as a check list attached..."</p> <p>Review on 12-1-21 of form developed by local hospital personnel for client transport revealed provided by the hospital: -Spaces for Client's name, diagnoses, social history, concerning behaviors, and needed phone numbers.</p> <p>Interview on 10-1-21 with Department of Social Services (DSS) worker revealed: -She was not FC#4's DSS worker but had been called by the hospital because there was no where for FC#4 to go. -FC#4 had behaviors that had caused her to get sent to the ER. -"I called to see if I had gotten the information correct and talked to the doctor (at the facility). She (Doctor) said she (FC#4) had already been discharged and her bed was filled and if we wanted her to go back they would have to go through admissions again." -FC#4's mother couldn't pick her up and was afraid to take her to her house because it might "mess up her PRTF placement." -She asked the facility if they could take FC#4 back for a week because she did have a PRTF placement that would start then. -"So this report came in on July the 22nd apparently [FC#4] had been dropped off at noon that day. The child was not showing any behaviors so the hospital was ready to discharge her that same day. I visited her at the ER." -FC#4 had to stay at the hospital for a week.</p> <p>Interview on 9-27-21 with FC#4's mother/legal</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 22</p> <p>guardian revealed: - " I felt like she was discharged wrong. They called me and said she was at the hospital. Even the DSS worker called [facility] and begged them to take her back. [Facility] said she hurt somebody the hospital said she was OK. I thought they were trained to take care of kids like her. I felt like they did that to get her out of there. I would like to know where her things are. They should have sent her stuff with her. I don't believe anyone stayed with her. I only heard her talking in the background."</p> <p>Interview on 10-6-21 with FC#4 revealed: - "Ain't no staff go, I got there by ambulance." - No staff from the facility ever came while she was at the hospital. - She stayed at the hospital for "about a week." - She had hit a staff and then the facility called an ambulance.</p> <p>Interview on 10-14-21 with the Clinical Supervisor from the local hospital's ER revealed: - " I was in charge that day when she (FC#4) came in. She came from medic. This happens frequently from this facility. They say their patients are breaking their contract and they (patients) are stuck because no one will take them. She did come in by medic. What I gathered ...I spoke to several people over there. They seems to think that when they say they broke the contract that is the wording they can use to get them out of taking them back. They do this all the time, I mean frequently. [FC#4] was calm at ER." - FC#4's notes hadn't revealed anything about acting out, and no aggressive behavior. - FC#4 hadn't been admitted to the hospital and had sat in the ER department for 8 days. - She had called the facility and asked if they</p>	V 271		

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 R 12/07/2021
--	---	---	--

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 271	<p>Continued From page 23</p> <p>could take her until her next placement was ready, but they would not.</p> <p>- " I don't understand, [facility] is a behavioral center. If someone is having a behavior that is what they are there for."</p> <p>Interview on 11-23-21 with FC#4's former Care Coordinator revealed:</p> <ul style="list-style-type: none"> -FC#4 had been sent to the ER on 7-22-21 -She was told that FC#4 had become physically aggressive and they had been told that would be an automatic discharge. -FC#4 had a PRTF placement starting on 7-30-21. The facility agreed to take her until then. -She does not know what happened that caused FC#4 to be discharged. -She had not found out until FC#4's mother/Legal Guardian notified her. -They spent 7-23-21 trying to find a respite placement for her, but could not. -She talked to the Clinical Supervisor at the hospital who told her that FC#4 had been discharged from the facility for her behaviors. <p>Interview on 10-1-21 with Grandfather/Legal Guardian for FC#5 revealed:</p> <ul style="list-style-type: none"> -The hospital had told him she had "superficially scratched her wrist. It was minor." -He didn't know why she couldn't return to the facility. - "When I talked with [facility] they told me she was going back the next day. To this day I haven't gotten anyone from [facility] to call me back. I have left a dozen voices (voicemails). They have never told me why she couldn't go back. One time they made it sound like a COVID excuse." - "I think someone stayed with her for a short period of time but they weren't with her overnight. [FC#5] is susceptible to self harm." 	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 24</p> <p>Interview on 10-8-21 with a local hospital employee revealed:</p> <ul style="list-style-type: none"> - " No staff came in with her. It is an ongoing issue with [facility]. They send them (clients) to the ER and then won't come pick them up. She (FC#5) was in the ER from 8-13-21 until 8-21-21." - "All patients do get a psychiatric evaluation when they come in for self harm, or any issues like that." <p>Review on 12-2-21 of text received 12-2-21 from Former Staff #4 revealed:</p> <ul style="list-style-type: none"> - "...She (FC#5) had me when she went to the hospital as a Monarch employee but was told to leave asap (as soon as possible). No one stayed with her from Monarch for any length of time." <p>Attempted interview with Former Staff #4 was unsuccessful due to Former Staff #4 not returning multiple phone calls.</p> <p>FC#5 was unable to be interviewed due to care giver not returning multiple calls.</p> <p>Interview on 11-22-21 with DSS Legal Guardian for FC#6 revealed:</p> <ul style="list-style-type: none"> -FC#6 went to the ER on 10-27-21. -The DSS legal Guardian received an email at approximately 6:00 pm. - "Just happened to open my email. It just said she was discharged that day." -The facility had several phone numbers to reach her at, but nobody called her. - "According to Monarch, and they didn't alert me to this until after, but they shared with me that she was verbally and attempting to be physically aggressive and non compliant. She wanted to go after a peer but staff intervened. She didn't hit the kid." -She said that the people she talked to at the 	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 25</p> <p>facility couldn't tell her why she went to the hospital, or where she went to. The facility did make some phone calls and found her.</p> <ul style="list-style-type: none"> - She was told by the hospital that FC#6 did not meet criteria to be admitted to the hospital. - "No staff accompanied her (FC#6) to the hospital. The information came from EMS worker, from Monarch." - The facility had been offered extra financial support to help FC#6 get back to the facility, but that had been refused. - She reached out to the case manager for the facility for help but "his response was she (FC#6) had been discharged and we wouldn't be reaching out to him. It was a very frustrating experience It could have gone better." - FC#6 had been in the ER from 10-27-21 until 11-12-21. - "They (facility) are very unprofessional. This kid (FC#6) had just overdosed and she was, ...it was a great intake and great until all this happened. This was the mess. They sent her to the ER with no IVC in place so she could have left. If she had left she probably would had overdosed and died. She is using hard. Very hard core drugs." - "I got a discharge summary. The details they told me she apparently jumped across the nurse's station, none of that was in the discharge summary." - She had recently made arrangements to retrieve FC#6's personal belongings. <p>Interview on 11-23-21 with FC#6 revealed:</p> <ul style="list-style-type: none"> - She had gone to the ER by ambulance and no staff were with her at the hospital. - She had gotten into an argument with another client but they were on opposite sides of the building and couldn't see each other. - "I guess they threw all of my stuff away. My 	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 26</p> <p>social worker had to have the staff pay for new clothes. They threw away shoes, my birthday presents and clothes." -She had gotten on the desk at the nurse's station but had not jumped over it and had not broken the glass. -After she was at the hospital she never saw another staff member from the facility. -The doctor at the ER said that they couldn't hold her and the facility wouldn't let her go back. -"The doctor said Monarch was wasting the hospital's time." -She thinks she was at the hospital for a week.</p> <p>Interview on 11-28-21 with a local hospital nurse revealed: -"They (facility) never send staff with them (clients) and they are very hard to get in contact with."</p> <p>Interview on 11-28-21 with a local hospital Registered Nurse revealed: -Two clients from the facility had been sent without staff that day (11-28-21). -The hospital did have a sitter (person the hospital provides to watch patients) for one of the clients. -"They (facility) send an information sheet with them (clients) that says the guardian name and how to get in touch with them and that's all."</p> <p>Interview on 9-22-21 with Staff #1 revealed: -She had not worked with FC#5 and had not been working when FC#4 got "sent out." -FC#4 had a lot of "violent behaviors."</p> <p>Interview on 11-16-21 with the facility's Former Medical Director revealed: -She had left the position on 11-9-21.</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 27</p> <p>-A client needs to go to the ER when "essentially if a child is unsafe to themselves or others and we can't get them to deescalate with verbal, separation, food, a hold or medication. If we can't get them to stop. They may need more meds or restraints."</p> <p>-She could not recall how many clients had been sent to the ER since July 2021, but "at least five."</p> <p>-FC#4," kept threatening staff and other kids. She engaged in property damage that created a weapon, hopped the nurses station (desk) and threatened peers. We couldn't medicate her enough. We couldn't keep her safe."</p> <p>- For FC#5, "I think it was a number of things. It was my understanding she had cut herself and also she had slipped out off the unit. There were enough concerns that there were concerns about being safe."</p> <p>-FC#6 had gone to the ER because they could not get both herself and the client she had been threatening into an inpatient bed. Another doctor had been working when that occurred.</p> <p>"So if they are going (to the ER) and we are going to bring them back ...let's say a kid has got hurt, staff goes and stays. If we are discharging them because we know we can't bring them back, we alert the guardian of record and they have to go be with the child in the emergency room."</p> <p>"I get it (Sending clients to the ER not being ideal). That's always been our struggle with this level of care. We struggle with it, we view it as another potential trauma. But we have to ensure the milieu is safe for everyone. We are a notch below inpatient, and there are probably kids we shouldn't take. The reality is we are not going to be able to screen out every kid that needs a 1:1 or a shot. We thought what is less traumatizing to do a shot. But if we can't get a shot or they needed repeated shots it is not safe. We are</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 28</p> <p>trying to balance the lesser of two evils and what safe for all the kids (by sending clients to the ER)."</p> <p>Interview on 11-28-21 with the facility's Medical Director revealed:</p> <ul style="list-style-type: none"> -She is now full time but had been working part time since the facility opened. -Clients would be sent to the ER if they attack people, property destruction, punch the walls, jump over the nurses station, if they are out of control. They also may be sent if they are extremely depressed, but usually it is for aggression. -FC#4 was "very threatening." -Everyone thought FC#5 was a "danger to herself because of her cutting. That was the feeling of everyone on the floor." -When FC#5 left to go to the ER, the facility had one case of COVID. -She didn't know if that was one reason FC#5 couldn't return but "I believe that was said. With that situation (Covid outbreak), we tried not to take new admissions. We told the ER that." -"[FC#6] wanted to kill another girl. She (FC#6) never touched her." -They do try to diffuse the situations, but that wasn't possible with FC#6. -"If we call 911 and send them out (clients to the ER), we don't go. They are in the company of medical." -She then asked how the former Medical Director responded to the question of whether or not staff went with clients to the ER. -If the issue is a medical issue, they always send a staff with the client. -If a discharge happened during the day, the doctor would approve, if it happened at night, the nurse would call the doctor. -If the situation is dangerous, the nurses 	V 271		

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 R 12/07/2021
--	---	---	---

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 271	<p>Continued From page 29</p> <p>would call EMS. - "We try to provide information (to the ER) but maybe that hasn't been done as much as we should."</p> <p>Interview on 11-29-21 with the facility's Lead Therapist revealed: - There had been times when the facility did not have the staff to send someone to the ER with a client.</p> <p>Interview on 11-29-21 with the facility Crisis Administrator revealed: - The decision to send a client to the ER is between the doctor and the nurse. - They send a face sheet to the ER that has the client's information on it. - The face sheet had the client's date of birth, allergies and medical information. - "Sometimes the EMS will ask for a diagnosis." - "We touch base with the charge nurse (of the hospital) and let them know the reason (that clients are at the ER)." - It is up to the discretion of the doctor to decide if someone needs to go with the client to the ER, and was decided on a case by case basis.</p> <p>Interview on 11-30-21 with the facility's Case Manager revealed: - "I don't have any involvement. My role is to link services. Once the treatment team foresees a discharge, I call group homes, PRTFs to get them placement. Once they are discharged, I am done. Once a kid is discharged, our services end."</p> <p>This deficiency had been previously cited on 2-4-19.</p>	V 271		

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 R 12/07/2021
--	---	---	---

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 271	Continued From page 30 This deficiency is crossed referenced into 10A NCAC 27G .5001 (V269) Scope for a Type A1 rule violation and must be corrected within 23 days.	V 271		