

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL0601361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R <b>02/08/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SECU YOUTH CRISIS CENTER, A MONARCH PROGR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1810 BACK CREEK DRIVE CHARLOTTE, NC 28213</b>
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V 000	INITIAL COMMENTS  A follow up survey was completed on 2-8-22. Deficiencies were cited.  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  The survey sample consisted of three former clients.	V 000		
V 109	27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based	V 109	This Page Intentionally Left Blank  <b>RECEIVED</b> <b>FEB 23 2022</b> <b>DHSR-MH Licensure Sect</b>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*Ausee Unstead, RW, Compliance Specialist* TITLE  
*Compliance Specialist*  
STATE FORM 6899 V8UQ11 (X6) DATE *02/16/2022*  
If continuation sheet 1 of 6

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V 109	<p>Continued From page 1</p> <p>employment system in the State Plan for MH/DD/SAS.</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.</p> <p>(g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.</p> <p>This Rule is not met as evidenced by: Based on record review and interview one of one Qualified Professional (QP#1) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2-8-22 of QP#1's personnel record revealed: -Was working as a Case Manager for the facility Trainings include: Calming Children in Crisis 5-14-21, Rights Orientation 5-4-21, Cultural Competency 5-4-21, CPI for Facility Based Crisis Programs 5-7-21.</p> <p>Review on 2-8-22 of internal investigation dated 2-3-22 and signed by the Director of Youth Crisis Service revealed: -"[QP#1] entered the milieu to meet with patient and discuss the recommended level of care. Due to efforts made to identify a higher level of care, [QP#1] encouraged the patient to</p>	V 109	<p>The draft Investigation reviewed during the survey on 2/8/2022 had not gone through the allegation review process comprised of QM &amp; HR. After the internal review was completed on 2/9/2022, the allegation was substantiated and the QP was terminated based on violating the Corrective Action Policy from the Employee Handbook (see attached).</p> <p>On 2/3/2022, all employees were assigned Monarch's 2022 updated Employee Handbook via our electronic policy system with attestation of review and understanding. All employees are required to sign attestation upon hire and revision of handbook.</p> <p>During SECU's February's monthly staff meeting, re-education of unacceptable behaviors will be reviewed with staff by the Director of SECU Youth Crisis Center. By reviewing this with the staff now and in the future if we anticipate a need, we are optimistic this will eliminate re-occurrence.</p>	<p>2/15/2022</p> <p>4/1/2022</p> <p>2/28/2022</p>

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V 109	<p>Continued From page 2</p> <p>sign the required intake packet."</p> <p>- "During the conversation, patient sniffed. At that time, [QP#1] inquired about where her mask was since she had tested positive for COVID the previous week. [QP#1] also made mention that due to the exposure, staff were required to take rapid tests every five days."</p> <p>- "Patient (Client #1) reported that due to her no longer being contagious following the 5 days after her first reported symptom, she was not required to wear the mask at this point per medical director."</p> <p>- "[QP#1] redirected her again to put on the mask and commented that he saw it in her pocket; this was after the second directive."</p> <p>- "Patient became agitated and proceeded to get up from the table. After being redirected to sign the referral/ intake packet, she picked up the pen provided by [QP#1] and threw it on the floor causing it to break."</p> <p>- "Per staff report, [QP#1] became frustrated and made a comment to the effect of "forget it then" regarding the patient signing the packet."</p> <p>- "Per staff report, [QP#1] proceeded to walk away. While doing so, he made the following comment, "go sit your retarded a*s down." ([QP#1's] report stated that he used "restarted self" just fyi (for your information)).</p> <p>- "Following the statement made from [QP#1], the patient charged towards him with clinched fists making statements such as, "I'm going to f**k you up", "let's go,", "your bald- headed ass ..." etc."</p> <p>- "Per staff report, [QP#1] and the patient continued to make statements back and forth to each other as voices were raised."</p> <p>- "[QP#1] eventually exited the milieu and remained at the front of building in his office."</p> <p>- "Following the incident, the director was notified by [QP#1] that he had completed the</p>	V 109	<p>This Page Intentionally Left Blank</p>	

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V 109	<p>Continued From page 3</p> <p>incident report</p> <p>-"Director was also notified by multiple staff on the incident that had occurred</p> <p>-"Following the knowledge of the incident, the director entered the milieu to ensure that the patient was calm and proceeded to obtain her statement</p> <p>-Conclusion: "The verbal interaction between [QP#1] and the patient was not conducted in a therapeutic manner. [QP#1] was inappropriate with his responses and made little to no attempts to defuse the situation after patient started to get triggered and agitated. Implementation of verbal de-escalation techniques and re-training on trauma informed care is necessary to maintain the level of care expected by staff at the youth crisis facility."</p> <p>Review on 2-8-22 of North Carolina Incident Response Improvement System incident on 2-1-22 revealed:</p> <p>-"During the afternoon of 2/1/22, the case manager entered the milieu requesting the patient to sign the intake packet for a potential placement. Due to the patient 's positive COVID test result from the previous week, the case manager questioned the patient as to why she was not wearing her mask, and asked where it was. Patient reported that since it had been at least five days since her initial exposure, she was not being required to wear the mask per after care directives from the PCR (polymerase chain reaction) test and recommendations from the medical director. Case manager reported to the patient that due to the positive test results, staff were being required by the HR (Human Resources)COVID team to test every 5 days for the next week. Case manager provided another directive for patient to put on her mask. At this time, patient became agitated, took the case</p>	V 109	<p>This Page Intentionally Left Blank</p>	
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V 109	<p>Continued From page 4</p> <p>manager ' s pen, and threw it on the floor breaking his pen. Patient then started yelling and screaming profanities at the case manager. Patient proceeded to walk towards the case manger with clinched fists while being prompted to stop from the behavioral technician and occupational therapist. Case manager also prompted the patient to stop and "back up" as the patient proceeded to follow the case manager while attempting to leave the milieu. As the case manager continued to walk away, the patient continued to yell swear words directed at him. The case manager stated, "you better get (or stay) back with your retarded self." At that time, other staff continued to intervene and direct the patient away from the case manager in an effort to de-escalate the interaction. Patient continued to name call and use racial slurs to case manager, and even made a threat to "f**k him up." The patient eventually complied with returning to the table on the milieu in an effort to calm down and process with staff."</p> <p>Interview on 2-8-22 with two unidentified staff revealed:</p> <ul style="list-style-type: none"> <li>- " He (QP#1) said we aren't going to finish this (placement) he started walking away."</li> <li>- "[Client #1] charged at him and he said sit your retarded ass down."</li> <li>- "Thankfully [Client #1] has a really good relationship with us. We processed with her, she had no behaviors. She said that word was a trigger. But we all agreed it was not acceptable.</li> <li>- "I had heard it happen. I heard raised voices. But I thought it was the training in the next room."</li> <li>- "She (Client #1) talked about how it upset her particularly the word retard, her uncle called her that and it was hurtful to her."</li> <li>- " She (Client #1) went back to her activities."</li> <li>-It might not be productive to interview Client</li> </ul>	V 109	<p>This Page Intentionally Left Blank</p>	
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V 109	<p>Continued From page 5</p> <p>#1 as it might upset her to talk about the incident again.</p> <p>Interview on 2-8-22 with the Vice President of Operations Crisis Services revealed:</p> <ul style="list-style-type: none"> <li>-The QP#1 was working as a case manager but he had QP qualifications.</li> <li>-He had been an "exemplary" employee for the facility.</li> <li>-The investigation had not been completely closed yet and the QP#1 had been advised not to talk to anyone about the incident.</li> <li>-They were recommending that he receive more training and get written disciplinary notice.</li> <li>-Interactions such as the one between QP#1 and Client #1 were not tolerated at the facility.</li> </ul>	V 109	This Page Intentionally Left Blank	

status. During the initial orientation period, the agency provides training and guidance on assigned duties, sets performance expectations, and monitors performance. This is also an opportunity for the employee and the agency to decide whether employment would continue. If, during the trial period, Monarch feels that the employee is not a good fit for the agency or the position, the employee may be terminated immediately without cause. (Note that after the introductory period ends, employment remains at-will.)

With the exception of substitutes, staff will generally not be permitted to transfer into another position during the introductory period.

## Corrective Action Policy

The following are some examples of clearly and obviously unacceptable behavior which may lead to discipline, **up to and including immediate termination of employment**. This is not intended to be a complete list of all unacceptable behavior.

- Abuse or neglect of people we support that has been substantiated by the agency or HCPR Investigations
- Failure or refusal to participate in an active investigation of the abuse or neglect of a person we support
- Failure or refusal to actively and honestly participate in any investigation by the agency into matter
- Disrespect of people we support, their family members, agency employees and other third parties
- Falsifying or altering agency records or knowingly providing the agency with verbal or written false information
- Misappropriation of agency funds or property, including removing agency property without authorization
- Threatening other employees, fighting or provoking a fight, possession of any weapon on agency property, including weapons which may be in the employee's vehicle on an agency parking lot
- Use of inappropriate language, or possession of inappropriate music or materials (sexually explicit language, offensive language, profanity and/or violence, or any pornography) on agency property
- Willfully damaging agency equipment or the property of other employees
- Insubordination
- Unsafe conduct or procedures
- Sleeping while on an awake assignment
- Breach of confidentiality
- Working for another employer while on medical leave of absence or sick leave without written consent of the agency
- Unsatisfactory job performance
- Allowing an unauthorized person on agency premises
- Demonstrating behaviors that are inconsistent with the philosophy, vision, mission, and core values of the agency
- Failing to establish an effective working relationship with the person the employee is assigned to support
- Medicaid or billing fraud

Monarch generally uses progressive discipline to ensure compliance with agency rules and policies. Progressive discipline is not required. This agency reserves the right to terminate employees with or

Monarch Employee Handbook, Effective 3/2014, revised 07/2016, revised 10/2016, revised 7/19/2018, revised 10/23/2018, revised 2/4/2019, revised 5/10/2019, revised 10/31/2020, 12/16/2020, 2/16/2021, 4/28/2021, 10/14/2021, 2/3/2022

without utilizing progressive discipline guidelines or counseling.

The progressive disciplinary process generally consists of some combination of the following:

- Oral Warning
- Written Warning (may be deemed as a Final Written Warning). NOTE: 2 written warnings in a year will generally result in termination. Disciplinary Probation, Administrative Leave (with or without pay), or Demotion
- One Day of Decision Leave (with pay and often there is an accompanying assignment)
- Termination of Employment

Note that any employee with any discipline in his or her file will generally be prohibited from transferring positions for six months from the date of the warning. Exceptions can be made by the senior leadership director in their region with approval from the Human Resources Department.

If the agency needs to put an employee on administrative leave during an investigation of an allegation and that allegation is substantiated, the time away from work will be charged as leave without pay. Conversely, if the allegation is not substantiated, the leave will be paid leave.

Supervisors may request that employees sign written warnings, administrative leave notices and other discipline-related documents. The employee's signature on the document does not signify agreement with the content of the disciplinary document. It signifies only that the employee has received the document.

### **Facility Access Upon Termination**

Employee termination will result in immediate revocation of access to the facility. If the employee does not return keys upon termination, all appropriate locks will be changed, and keys re-issued. In the case of combination locks, the combination will be changed and the new one will be communicated to authorized personnel.

### **Conflict Resolution Procedure**

Regular full-time, part-time and substitute employees who have been employed by the agency for at least six months and who disagree with a corrective action, including a termination decision, may appeal the decision.

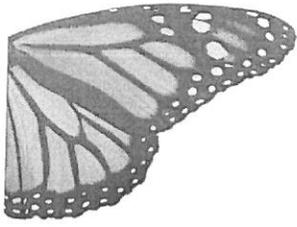
The employee should complete an employee grievance form explaining why they think the corrective action or other employment decision was in error. This form must be submitted within 3 business days of the disciplinary action or employment decision.

If the employee is still with the agency, the form should be directed to the appropriate Human Resources Directors. The HRD will initiate response to the employee within 48 hours and in the meantime begin conducting an investigation.

The HRD will make every attempt to resolve all grievances within three business days. There may be extenuating circumstances that might prolong the investigation.

If the employee has been terminated, the letter of appeal should be directed to the Chief Administrative Officer with a copy to the Chief Executive Officer. The letter of appeal must be sent via regular, certified

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February 16, 2022

Patricia Work, 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: SECU / Follow-Up / 2-8-2022

Hello,

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

If you need additional information or have any questions, please contact me.

Sincerely,

Louise Winstead, RN  
Compliance Specialist – Plan of Corrections  
[louise.winstead@monarchnc.org](mailto:louise.winstead@monarchnc.org)  
252-289-6512

