

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-C 09/27/2022
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>A complaint and follow up survey were completed on September 27, 2022. One complaint was unsubstantiated (Intake #NC00190845). Four complaints were substantiated (Intakes #NC00189707, #NC00190863, #NC00192240, #NC00192415). Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals who are Substance Abusers. 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of All Disability Groups.</p> <p>This facility is licensed for 16 and currently has a census of 10. The survey sample consisted of audits of 4 current clients and 4 former clients.</p>	V 000	This Page Intentionally Left Blank	
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <p>(1) technical knowledge;</p>	V 110		

DHSR - Mental Health
OCT 19 2022
Lic. & Cert. Section

Division of Health Service Regulation

E

(X6) DATE

10/14/2022

If continuation sheet 1 of 29

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-C 09/27/2022
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 110	<p>Continued From page 1</p> <p>(2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on records review, observations and interviews 1 of 3 current audited staff (Staff #1) and 1 of 1 audited Former Staff (FS #13) failed to demonstrate the knowledge, skills and abilities required for the population served. The findings are:</p> <p>Findings A:</p> <p>Review on 7/26/22 of FS #13's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 10/8/18; - Job Title Behavioral Technician; - Trainings: CPI (Crisis Prevention and Intervention), Behavior Management in Early Childhood, Calming Children in Crisis, Externalizing and Disruptive Behaviors in Children and Adolescents and Understanding Attention Deficit Hyperactivity Disorder for the Paraprofessional - Termination date 6/7/22. 	V 110	<p>V 110</p> <p>During the two-week orientation period for new employees, staff receive immense in-person training, training in our electronic platform Relias, as well as Monarch's Policy & Procedures to review.</p>	Ongoing	

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-C 09/27/2022
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 110	<p>Continued From page 2</p> <p>Review on 7/25/22 of the facility's Investigation dated June 2, 2022 revealed:</p> <ul style="list-style-type: none"> - The Director received an email on 6/1/22 from the facility's "incident team" regarding a link that needed to be reviewed for investigation; - The Director reviewed video surveillance of an incident of FS #13 "swatting" at Former Client #6 (FC #6); - The Director interviewed FC #6, he denied being hit by FS #13; - FS #13 was suspended during the investigation; - It was determined after further review of the video surveillance that FS #13 did make physical contact with FC #6; - The investigation was substantiated for physical abuse; - FS #13 was terminated. <p>Review on 8/11/22 of the facility's video surveillance time stamped on 5/23/22 at 8:52 p.m. revealed:</p> <ul style="list-style-type: none"> - FS #13 helped a client retrieve a book from the cabinet in the common area; - FC #6 climbed on the cabinets in the common area, while FS #13 was helping another client; - FS #13 swatted(raised his hand and came down on to FC #6's hand in a soft manner) at FC #6; - FC #6 stopped climbing on the cabinets; -FS #13 continued to help the other client. <p>Attempted interview with legal guardian of FC #6 revealed:</p> <ul style="list-style-type: none"> -Attempted to contact the legal guardian of FC #6 on 8/4/22, 8/10/22 and 8/11/22; -Was unsuccessful due to no return calls from the legal guardian. <p>Interview on 8/10/22 with FS #13 revealed:</p> <ul style="list-style-type: none"> - FC #6 was "very hyper and needed attention"; - FC #6 started swinging on the cabinet while FS 	V 110	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 110	<p>Continued From page 3</p> <p>#13 helped another client;</p> <ul style="list-style-type: none"> - "I lunged at him to get him to stop because I didn't want him to hurt himself." - Told FC #6 he could not swing on cabinet because he could get hurt; - Suspended during the investigation; - Terminated from place of employment. <p>Findings B:</p> <p>Review on 7/26/22 of Staff #1's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date 4/4/22; - Job Title Behavioral Technician; - Trainings: Safety Care, Calming Children in Crisis and Externalizing and Disruptive Behaviors in Children and Adolescents - Termination date 9/1/22. <p>Review on 9/1/22 of the facility's Investigation dated August 16, 2022 revealed:</p> <ul style="list-style-type: none"> -The Director received an email on 8/16/22 from the program administrator reporting, client #4 reported staff #1 "put his hands on him." -The Director reviewed the video surveillance on 8/16/22; -On 8/18/22, the therapist interviewed the clients at the facility about the alleged abuse; - Client #4 reported during the interview with therapist, staff #1 threatened to punch him in the face; - On 8/23/22, the Director interviewed staff #8 and staff #10 concerning the allegations; - The facility concluded staff #1 made physical contact with client #4; - Camera footage corroborated the report that staff #1 made a verbal threat towards client #4; - Staff #11 was seen via camera footage blocking staff #1 from client #4 while attempting to process 	V 110	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 110	<p>Continued From page 4</p> <p>after incident.</p> <ul style="list-style-type: none"> - Staff #1 was suspended during the investigation; - The investigation was substantiated for physical abuse; - Staff #1 was terminated. <p>Review on 8/25/22 of the video surveillance time stamped at 8/16/22 at 10:35am revealed:</p> <ul style="list-style-type: none"> - Clients returned back inside from outdoor recreation. Staff #1 unlocked the door for the clients to return their shoes to the shoe closet; - Client #4 entered the closet to return his shoes, as client #4 exited shoe closet he stepped into staff #1's face and staff #1 pushed outward with his arm and pushed client #4; - Client #4 stumbled taking a few quick steps backwards then walked away from Staff #1 - Staff #1 walked towards the hallway; - Staff #8 and staff #10 entered the hallway; - Client #4 walked towards the front corner in the hallway; - Staff #1, Staff #8, Staff #10 and Staff #11 processed with client #4 in the front hallway; - Staff #11 blocked staff #1 with his hand while processing with client #4; - Staff #11 directed client #4 into the nurse's hallway with staff #8 and staff #10 as staff #1 was directed back to the common area. <p>Interview on 8/24/22 with client #4 revealed:</p> <ul style="list-style-type: none"> - "[staff #1] threatened to punch me in the face." - Staff #1 continued to interrupt basketball amongst clients; - Client #4 approached staff #1 by "getting into his face"; - Staff #1 told client #4 to "get out of his face"; - "He told me if I got in his face again, he would punch me in my face." 	V 110	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 110	<p>Continued From page 5</p> <ul style="list-style-type: none"> - Client #4 approached staff #1 again; - Staff #1 pushed client #4 away; - Client #4 separated from staff #1 <p>Interview on 8/24/22 with staff #10 revealed:</p> <ul style="list-style-type: none"> - Entered the unit from a meeting; - Client #4 was "transitioning to the corner where he goes when he needs to calm down." - Client #4 talked very loudly, while staff #11 used de-escalation techniques; - Client #4 continued to make comments to Staff #1; - "[Staff #1] stated keep talking I will punch you in the face." - Never heard staff #1 threatened clients until this day; - Client #4 went into the nurse hallway with staff #8 and staff #10. <p>Interview on 8/24/22 with staff #11 revealed:</p> <ul style="list-style-type: none"> - Staff #1 pulled him out of a training due to client #4's behavior; - Staff #1 reported that client #4 pushed and attempted to hit him; - Believed staff #1 was upset because normally staff #1 and client #4 had a good relationship; - Denied staff #1 threatened client #4; - Separated staff #1 and client #4. <p>Interview on 8/25/22 with staff #8 revealed:</p> <ul style="list-style-type: none"> - Called to the unit due to client #4's aggressive behaviors; - Staff #1 and staff #11 were trying to de-escalate client #4; - Staff #1 stated client #4 was "acting tough and he was going to show him a reason not to act tough"; - Staff #1 was separated from client #4; 	V 110	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 110	Continued From page 6 - Denied staff #1 ever made threats to other clients Interview on 8/25/22 with staff #1 revealed: - Client #4 was aggressive while playing basketball with peers; - Client #4 became more aggressive after being redirected; - Client #4 stated "next time you need to mind your f *****g business." - "I told him do not disrespect me like that." - "He ran back up on me" when he exited out of the shoe closet; - Client #4 "jumped in my face twice"; - "I left the unit and called my supervisor." - Denied threatening client #4. Interview on 8/24/22 with the Program Director revealed: -Was not apart of the incient with Staff #1 and FC #4.	V 110	This Page Intentionally Left Blank		
V 270	27G .5002 Facility Based Crisis - Staff 10A NCAC 27G .5002 STAFF (a) Each facility shall maintain staff to client ratios that ensure the health and safety of clients served in the facility. (b) Staff with training and experience in the provision of care to the needs of clients shall be present at all times when clients are in the facility. (c) The facility shall have the capacity to bring additional staff on site to provide more intensive supervision, treatment, or management in response to the needs of individual clients. (d) The treatment of each client shall be under the supervision of a physician, and a physician shall be on call on a 24-hour per day basis. (e) Each direct care staff member shall have	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-C 09/27/2022
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>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 records review and interviews, the facility failed to maintain staff to client ratios that ensure the health and safety of clients served in the facility. The findings are:</p> <p>Review on 7/26/22 of Former Client #5's (FC #5) record revealed:</p> <ul style="list-style-type: none"> - Admission Date 6/22/22; - Age 16; - Discharge Date 7/13/22; - Diagnoses Conduct Disorder, Adolescent onset, Disruptive Mood Dysregulation Disorder, Parent-child relational problems, major depressive disorder, unspecified Attention Deficit Hyperactivity Disorder, unspecified anxiety disorder; - Clinical assessment dated 6/22/22 documented FC #5 displayed violent and aggressive behaviors, discharged a fire extinguisher into his mother's bedroom, his mother is a trigger for him, had numerous hospitalizations, self-injurious 	V 270	<p>V 270</p> <p>Leadership will ensure that staffing ratios are maintained according to Medicaid Clinical Coverage Policy and Service Definitions for Child and Adolescent FBC to ensure adequate coverage for the health and safety of the patients.</p>	Ongoing

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-C 09/27/2022
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>behaviors(used a razor blade to cut his neck and horizontal cut on his wrist).</p> <p>Review on 7/26/22 of client #1's record revealed:</p> <ul style="list-style-type: none"> - Admission date 6/28/22; - Age 10; - Diagnoses: Post Traumatic Stress Disorder Unspecified, Unspecified Depressive Disorder. <p>-Clinical Assessment dated 6/28/22 documented client #1 left a note in the bathroom of her doctor office with her name and address on it stating she was going to hang herself.</p> <p>Review on 8/24/22 of client #4's record revealed:</p> <ul style="list-style-type: none"> -Admission date 8/4/22; -Age 15; -Diagnoses: Schizoaffective Disorder, Bipolar type, Post Traumatic Stress Disorder, Unspecified Intellectual Disability(intellectual development disorder). <p>-Clinical Assessment dated 8/4/200 documented: Client #4 often see and hear his ancestors and relatives that have passed on. Often argues with authority figures, defies or refuses to comply with request from authority figures or with rules, often loses his temper, angry and resentful. History of threatening and altercations with his father.</p> <p>Review on 7/26/22 of the facility's policy titled Medicaid and Health Choice Clinical Coverage Policy No: 8A-2 Amended Date: May 15, 2022 revealed:</p> <ul style="list-style-type: none"> -"b. A Facility-Based Crisis must be staffed 24 hours a day and must maintain staffing ratios that ensure the treatment, health and safety of beneficiaries served in the facility that includes: <ol style="list-style-type: none"> 1. ... 2. Awake staff-to-beneficiary ratio of no less than 1:3 on premises at all times 	V 270	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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>3. A minimum of two awake staff on premises at all times</p> <p>4. ...</p> <p>- c. At no time when a Facility- Based Crisis staff member is actively fulfilling his or her Facility-Based Crisis Service role may he or she contribute to the staffing ratio required for another service.</p> <p>-d. Therapeutic interventions are implemented by staff under the direction of a Licensed Professional."</p> <p>Review on 7/27/22 of the Incident Response Improvement System revealed:</p> <ul style="list-style-type: none"> - Former Client #5 had difficult phone call with his mother; - Former Client #5 punched a hole in the wall; - Former Client #5 ripped the door fob out of the wall; - Former Client #5 broke the glass to the outside door using the fob to break the glass. - Former Client #5 repeatedly kicked the door leading to the clinical hallway in an effort to leave the locked unit; - Former Client #5 knocked OT to the ground and snatched the badge from her neck when she tried to intervene; - Former Client #5 exited the building and went into the forest area; - Local police were called. <p>Interview on 7/26/22 with staff #2 revealed:</p> <ul style="list-style-type: none"> - Staff to client ratio was supposed to be 1:3; - Agency don't follow the ratio; - Worked alone on 7/5/22 with 4 clients; - On 7/5/22, FC #5 started acting out while on the phone with his mother; - FC #5 started punching the wall and the glass door; 	V 270	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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> <ul style="list-style-type: none"> - Had to get the other clients to safety; - Started being attacked by FC#5 - Pulled fire alarm when attacked by FC #5 and could not get to a phone; - The occupational therapist (OT) tried to calm FC #5; - FC #5 pulled off the OT's badge; - FC #5 ran out of the building but remained on the premises - The local police were contacted; - FC #5 was transported to local hospital; - On 7/26/22 there was 1:6 ratio; - A client was able to run out of the door on 7/26/22 due to staff shortage; <p>Interview on 7/26/22 with Staff #3 revealed:</p> <ul style="list-style-type: none"> - Staff to client ratio was supposed to be 1:3; - Concerned about the lack of staff; - On 8/11/22, there were 6 clients on the unit and "it was just me by myself until another staff came in." - Completed 5-6 "staff interventions" (client interventions) on 7/26/22 by 3:00pm; - Only 2 staff are "truly" trained to do "interventions"; - "Lacked staff 2-3 days of the week"; <p>Interview on 8/25/22 with Staff #7 revealed:</p> <ul style="list-style-type: none"> - Not enough staff on the weekends; - On 8/13/22 and 8/14/22 worked alone with 4 clients; - On 8/13/22 and 8/14/22 another staff member worked alone with 5 clients; - There were no restrictive interventions during the weekend; - Concerned about "under staffing". <p>Interview on 8/25/22 with Staff #8 revealed:</p> <ul style="list-style-type: none"> - Worked 3 days out of the week; - "Normally 2 out of the 3 days, out of ratio (staff 	V 270	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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> <p>to client), but it varies."</p> <ul style="list-style-type: none"> - There was 1 staff for each unit; - Felt unsafe when out of ratio. <p>Interview on 8/25/22 with Staff #9 revealed:</p> <ul style="list-style-type: none"> - "There have been times on a Saturday when it was just me." - Worked with 6 clients on a unit by herself on a Saturday; - Unable to give dates of being out of ratio; - "Being out of ratio happened more than not." - Needed more staff. <p>Interview on 8/11/22 with the Program Administrator/Occupational Therapist (PA/OT) revealed:</p> <ul style="list-style-type: none"> - On 7/5/22 FC #5 became agitated after speaking with his mother on the phone; - Heard banging and glass breaking; - Approached FC #5 for de-escalation; - FC #5 grabbed "my badge from around my neck."; - FC #5 attempted to leave out the door from the unit; - FC #5 was unable to figure out the sequence of using the badge and opening the door at the same time to leave from the unit; - Retrieved badge back from FC #5; - Badge went across the lock, and FC #5 realized then to open the door to leave from the unit; - FC #5 went outside in the parking lot; - Staff #2 and staff #10 assisted with restraint of FC #5; - FC #5 threw the staff (staff #2, Staff #10, PA/OT) to the ground; - Staff #2 and Staff #10 assisted again to restrain FC #5; - FC #5 threw staff (staff #2, Staff #10, PA/OT) again to the ground; - FC #5 ran into the woods; 	V 270	This Page Intentionally Left Blank		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 12</p> <ul style="list-style-type: none"> - The local police were called; - FC #5 was transported to the local hospital; - Staffing was a concern; - On 7/5/22, "I was not in the role of a staff member, I was the OT at the time." - On 7/5/22, the facility was not in ratio during the time of the incident; - Facility is "impacted by the global staff shortage." <p>Interview on 7/26/22 and 8/11/22 with the Program Director revealed:</p> <ul style="list-style-type: none"> - Staffing ratio was supposed to be 1:3; - "No concerns about staffing because we can factor in our OT, behavioral lead, and nurses, there is always a 1:3 ratio." - When asked about using staff in dual roles, she replied "kind of an unwritten rule." - "Stepped in" to work with clients when staff was out of ratio; - The four lead positions(Program Director, Program Administrator, Behavior Technician Lead and Nurse) rotated to help with ratio on the weekends. <p>Review on 8/12/22 of the Plan of Protection dated 8/12/22 written by the Director of Youth Crisis Services revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>1- 10A NCAC. 5002: leadership will ensure that staffing ratios are maintained according to Medicaid clinical Coverage Policy and Service Definitions for Child and Adolescent FBC(Facility Based Crisis-Service) to ensure adequate coverage for the health and safety of the patients. This coordination will be initiated by the Director,</p>	V 270	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 13</p> <p>Program Administrator and the Lead BT (Behavioral Technician).</p> <p>2- Director will continue recruiting efforts to include weekly interviews and weekly onboarding of staff. Leadership will review the staffing ratio of the daily schedule to ensure adequate coverage.</p> <p>Describe your plans to make sure the above happens.</p> <p>1- SECU has implemented an on-call leadership rotation schedule that is in effect during the week as well as the weekends. This will streamline the callout process and to ensure that the leaders are contacting prn staff to cover shifts or provide tech coverage themselves to support changes in acuity. This is to ensure we bring additional staff onsite and provide more intense supervision in response to the needs of the patients. Staff will be trained that they are not allowed to leave until adequate coverage is in the building."</p> <p>The facility served clients with diagnoses of Conduct Disorder, Disruptive Mood Dysregulation Disorder, Parent-child relational problems, Major Depressive Disorder, unspecified ADHD, Unspecified Anxiety Disorder, anger issues and explosive behaviors. On July 5, 2022 the facility failed to maintain the ratio to ensure safety as per their policy. FC #5's mother is a trigger for him. Due to staff shortage, there was no staff to help self-regulate emotions when FC #5 was on the phone with his mother. FC #5 was upset and started to inflict self-injury. FC #5 has a history of violent and aggressive behaviors. FC #5 destroyed property at the facility before he was able to leave out of the facility. The staff working at the time was not able to gain control of the situation. FC #5 was transported to the local hospital. The facility consistently operated below staffing ratios.</p>	V 270	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 14 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.	V 270	This Page Intentionally Left Blank	
V 364	G.S. 122C- 62 Additional Rights in 24 Hour Facilities § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;	V 364		

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-C 09/27/2022
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 364	Continued From page 15 (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the facility unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding; b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week; (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and	V 364	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 364	Continued From page 16 (10) Have access to individual storage space for his private use. (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h)	V 364	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 364	Continued From page 17 of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship; (8) Have access to individual storage space for the safekeeping of personal belongings; (9) Have access to and spend a reasonable sum of his own money; and (10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason	V 364	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 364	<p>Continued From page 18</p> <p>for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure clients were able to keep and use personal clothing and possessions affecting 4 of 4 audited clients. The findings are:</p> <p>Review on 7/26/22 of client #1's record revealed: - Admission date 6/28/22; - Age 10;</p>	V 364	<p>V 364</p> <p>Clients can keep their tennis shoes/sneakers with laces removed or slides. Boots or non-tennis shoes/sneakers will not be accepted upon admission. Slides will be purchased by SECU for individuals as needed. If individual uses their footwear as a weapon, footwear will be taken and included in their safety/crisis plan.</p>	11/26/2022

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-C 09/27/2022
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 364	<p>Continued From page 19</p> <p>- Diagnoses: Post Traumatic Stress Disorder Unspecified, Unspecified Depressive Disorder.</p> <p>Review on 7/26/22 of client #2's record revealed:</p> <p>- Admission date 7/5/22; - Age 15; - Diagnoses Attention Deficit Hyperactivity Disorder, Anxiety, Post Traumatic Stress Disorder, Unspecified Disturbance of Conduct, Major Depressive Affective Disorder.</p> <p>Review on 7/26/22 of client #3's record revealed:</p> <p>- Admission date 7/21/22; - Age 17; - Diagnoses: Post Traumatic Stress Disorder, Major Depressive Affective Disorder, recurrent, Unspecified Disturbance of Conduct, Adjustment Disorder with Mixed Disturbance of Emotions and Conduct.</p> <p>Review on 8/24/22 of client #4's record revealed:</p> <p>- Admission date 8/4/22; - Age 15; - Diagnoses: Schizoaffective Disorder Bipolar Type, Post Traumatic Stress Disorder, Unspecified Intellectual Disability.</p> <p>Review of the facility's Investigation dated August 16, 2022 revealed:</p> <p>- Clients returned back inside from outdoor recreation; - Clients prepared to "take their shoes back off to place them in the shoe closet." - Client #4 entered the shoe closet to return his shoes.</p> <p>Interview on 8/25/22 with staff #1 revealed:</p> <p>- Client #4 had become more aggressive after being redirected when client #4 went to the "shoe closet to put up his shoes";</p>	V 364	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 364	Continued From page 20 - "He (client #4) ran back up on me when he exited the shoe closet." Interview on 9/26/22 with the Program Director revealed: - Clients are not allowed to wear their shoes in the facility; - Socks and slippers are given to the clients in the facility; - Clients are given their shoes when going outdoors; - Client items they are unable to have are kept in a bin during their stay and returned upon discharged from the program; - The protocol of not allowing clients to have their shoes in the program is discussed at the admissions with legal guardian before a client is admitted into the program. Exit Interview on 9/27/22 with the Chief Executive Officer revealed: - "There is no way we will stop taking the client's shoes." - Will continue to take shoes from clients; - Will not change policy about taking the client shoes; - "We will beat this."	V 364	This Page Intentionally Left Blank	
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 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	V 537		

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-C 09/27/2022
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 537	<p>Continued From page 21</p> <p>staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.</p> <p>(b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.</p> <p>(c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <p>(1) refresher information on alternatives to the use of restrictive interventions;</p> <p>(2) guidelines on when to intervene (understanding imminent danger to self and others);</p> <p>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and</p>	V 537	This Page Intentionally Left Blank		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 537	Continued From page 22 incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualification and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out. (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by	V 537	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 537	<p>Continued From page 23</p> <p>observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p>	V 537	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 537	<p>Continued From page 24</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to ensure staff demonstrated competency in restrictive interventions affecting 1 of 3 audited staff (#7). The findings are:</p> <p>Review on 8/24/22 of Former Client #8's (FC #8) record revealed: - Admission date 8/13/22; - Age 11; - Discharge date 8/19/22; - Diagnoses: Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder.</p> <p>Review on 8/25/22 of staff #7's personnel record revealed: - Hire date 7/11/22; - Job Title Behavioral Technician - Trainings: Safety Care, Calming Children in</p>	V 537	<p>V 537</p> <p>All staff receive Safety Care Training. This is a 2-day in person training. The first day focuses on verbal de-escalation. The second day focuses on restrictive interventions (RIs) with the requirement of staff to successfully demonstrate technique(s) to instructor.</p> <p>Discussion trainings will be held during weekly staff meetings. Topics will include de-escalation, trauma informed care and discussion of previous RIs highlighting items that worked well and what could have been handled differently.</p> <p>A sample of safety care techniques will be highlighted monthly during staff meetings.</p> <p>Staff can request refresher training on RIs as needed.</p>	11/26/2022

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-C 09/27/2022
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 537	<p>Continued From page 25</p> <p>Crisis and Externalizing and Disruptive Behaviors in Children and Adolescents.</p> <p>Review on 7/26/22 of the facility's policy titled Medicaid and Health Choice Clinical Coverage Policy No: 8A-2 Amended Date: May 15, 2022 revealed: - "d. Therapeutic interventions are implemented by staff under the direction of a Licensed Professional."</p> <p>Review on 8/25/22 of the video surveillance time stamped at 8/19/22 at 5:44pm revealed:</p> <ul style="list-style-type: none"> - FC #8 jumped over the nurses station; - Staff #7 placed FC #8 in a restraint; - FC #8 used his head and mouth to knock objects off the countertop; - The Program Director assisted staff #7 in restraining FC #8 and moving him into the nursing hallway; - FC #8 used his mouth to spit and bite Staff #7; - In the hallway, FC #8 was released from the restraint; - FC #8 grabbed the Program Director's hair and would not let go; - The Program Director tried to free herself from FC #8 pulling her hair as she moved towards the bathroom; - Staff #7 assisted the Program Director in getting free from FC #8; - The Program Director went into the bathroom to call for help; - FC #8 continued to spit blood and hit staff #7; - Staff #7 attempted to block FC #8 from hitting and spitting blood on him; - Staff #7 pushed FC #8 while he was spitting blood at him and trying to hit him; - FC #8 fell on the floor but got right back up without injury and continued to hit at Staff #7; - The Program Director came out of the bathroom 	V 537	This Page Intentionally Left Blank	

Division of Health Service Regulation

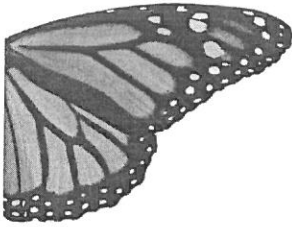
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
NAME OF PROVIDER OR SUPPLIER SECU YOUTH CRISIS CENTER, A MONARCH PROGR		STREET ADDRESS, 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 537	<p>Continued From page 26</p> <p>to continue to assist with the situation;</p> <ul style="list-style-type: none"> - The Program Director called for help; - Staff #7 was relieved by another staff member; - FC #8 calmed down. <p>Review on 9/2/22 of the facility's Investigation dated August 26, 2022 revealed:</p> <ul style="list-style-type: none"> - On 8/23/22, a team met to review video footage of a restrictive intervention that took place on 8/19/22; - It was determined that an internal investigation needed to be completed for allegations of physical abuse involving Staff #7 and FC#8; - It was determined the Senior Director would conduct the investigation due to the Program Director's involvement in the restrictive intervention; - Staff # 7 was telephoned and informed he was suspended during the investigation; - Staff #7 submitted a written statement of the incident; - The Program Director submitted a written statement of the incident; - All of the clients at the facility the day of the incident were interviewed; - Clients denied any physical or verbal aggression from staff; - On 8/26/22, Staff #9 reported seeing staff #7 place FC#8 in a hold; - FC#8 yelled for staff #7 "to get off of me." - Staff #9 assisted with getting the other clients to safety; - Staff #7 pushed FC#8 down to avoid getting blood being spit on him; - There was a discrepancy noted within the video footage and interviews by staff #7 and the Program Director. The video footage did not show dropping of blood until the hallway. Staff #7 and the Program Director stated that the bloody nose 	V 537	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 537	<p>Continued From page 27</p> <p>started in the nurse's station.</p> <ul style="list-style-type: none"> - The allegations of physical abuse were substantiated - Staff #7 received a written warning, additional training and ongoing modeling due to the substantiation; - The Program Director received an oral warning, action plan and retrained in appropriate Safety Care techniques. <p>Interview on 8/25/22 with Staff #9 revealed:</p> <ul style="list-style-type: none"> - FC #8 was very disruptive for some reason; - FC #8 was violent and jumped over the nurses station; - Staff #7 attempted to stop him from destroying the nurses station; - Assisted with making sure the other clients were safe; - The Program Director assisted in getting client into the nurse's hallway; - Didn't witness anything else due to providing supervision to other clients. <p>Interview on 8/25/22 with staff #7 revealed:</p> <ul style="list-style-type: none"> - "He(FC #8) tried to come at me so I put him in a hold." - FC #8 tried to bite staff #7; - The Program Director assisted with getting FC #8 into the hallway; - FC #8 pulled the program director's hair; - FC #8 spit blood and tried to hit staff #7; - "I was able to push him back so he would not get blood in my eyes or mouth." - Another staff assisted and "I was able to get out of the area." <p>Interview on 9/1/22 with the legal guardian revealed:</p> <ul style="list-style-type: none"> - Received a call from the local hospital for discharge of FC #8 on 8/21/22; 	V 537	This Page Intentionally Left Blank	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0601361	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/27/2022
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 537	<p>Continued From page 28</p> <ul style="list-style-type: none"> - Was not informed until 8/22/22, FC #8 was discharged from the facility; - FC #8 had been placed at several facilities; - Unable to return home due to his behaviors; - Placed in the hospital on 8/30/22 due to behaviors; - Needed to be "stable" before being interviewed. <p>Interview on 8/25/22 with the Program Director revealed:</p> <ul style="list-style-type: none"> - FC #8 was displaying defiant behaviors; - Spoke to FC #8 several times while passing out dinner to determine cause of behavior; - Staff #7 was in the nursing station; - FC #8 jumped over the nursing station desk; - Staff #7 felt threatened by FC #8 and put him in a hold; - Made sure the other clients were safe; - Assisted staff #7 with getting FC #8 into the hallway for safety; - FC #8 used his head and mouth to bang against the countertop and remove items off the countertop; - FC #8 appeared to be in a "psychotic state"; - Released FC#8 from 2 person hold in the hallway; - FC #8 grabbed the Program Director's hair; - Walked backwards into the bathroom attempting to get FC #8 to release the hair; - Staff #7 helped FC #8 release her hair; - While in bathroom, called the nurse and the local police; - Went back into the hallway to assist Staff #7 with FC #8; - Contacted another staff to come relieve staff #7; - Staff #12 was able to get FC #8 to calm down; - The local police were contacted; - FC #8 was transported to the hospital. 	V 537	This Page Intentionally Left Blank	



October 14, 2022

Aja Waller, 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 / Complaint & Follow-Up / 9-27-22

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,

A handwritten signature in cursive script that reads "Louise Winstead, RN".

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

