

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 11/21/2022
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 limited follow up survey for the Type A1 was completed on November 21, 2022. This was a limited follow up survey, only 10A NCAC 27G .5002 Staff (V270) was reviewed for compliance. The following were brought back into compliance: 10A NCAC 27G .5002 Staff (V270). No 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 9.</p>	V 000		

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

TITLE

(X6) DATE