

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  <b>09/20/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SECU YOUTH CRISIS CENTER, A MONARCH P</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1810 BACK CREEK DRIVE CHARLOTTE, NC 28213</b>		
(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	INITIAL COMMENTS  A complaint and follow up survey was completed on September 20, 2023. The complaint was substantiated (intake #NC00205489). A deficiency was cited.  This facility is licensed for the following service categories: 10A NCAC 27G. 3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers and 10A NCAC 27G. 5000 Facility Based Crisis Service for Individuals of All Disability Groups.  This facility is licensed for 16 and currently has a census of 12. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	Vice President of Operations, Crisis reviewed the Education Plans for SECU staff with the Education department (Leadership Development Coach & Trainer) to ensure that all Behavioral Technician training plans reflected the below 5 trainings. These 5 trainings will be required for all new Behavioral Technician staff within 30 days of employment or within 5 shifts working on the floor for PRN staff.  These 5 trainings were reviewed for current onsite staff and their training plans were updated as well, with expected completion of 30 days.  Director of Operations, Crisis &/or Program Manager will ensure completion of the below trainings for all Behavioral Technician staff.  Trainings that have been added to all Behavioral Technician staff's education plan are:  Confidentiality in Substance Use Disorder Treatment  Externalizing and Disruptive Disorders in Children and Adolescents  Human Development Across the Lifespan  Helping Children Cope in Crisis  Sexually Aggressive Youth		
V 108	27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained	V 108		10/29/23 & Ongoing	

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

OQN011

If continuation sheet 1 of 3

*[Signature]* **GP, SS, MBA, MPH, CHA** **Director of Operations** **10/4/2023**

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V 108	<p>Continued From page 1</p> <p>to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility served clients with diagnoses of disruptive mood dysregulation disorder, generalized anxiety, substance abuse disorder and oppositional defiant disorder, and failed to ensure 2 of 3 Former Staff (FS) (#3 and #4) were trained to meet the mh/dd/sa needs of the clients. The findings are:</p> <p>Review on 9/7/23 of FS #3's record revealed: -Hire date 3/20/23. -Separation date 7/21/23. -Job title Behavioral Health Technician. -No evidence of mh/dd/sa training.</p> <p>Review on 9/7/23 of FS #4's record revealed: -Hire date 10/24/22. -Separation date 7/25/23. -Job title Behavioral Health Technician. -No evidence of mh/dd/sa training.</p> <p>Attempted interview on 9/15/23 with FS #3 was unsuccessful due to FS #3 declining interview.</p>	V 108	This page intentionally left blank.		

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 29, 2023

Angela Adkins  
Monarch  
350 Pee Dee Avenue, Suite 101  
Albemarle, NC 28001

Re: Complaint and Follow Up Survey completed September 20, 2023  
SECU Youth Crisis Center, a Monarch Program, 1810 Back Creek Drive, Charlotte, NC 28213  
MHL # 060-1361  
E-mail Address: Angela.Adkins@MonarchNC.org  
Intake #NC00205489

Dear Ms. Adkins:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed September 20, 2023. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

**Type of Deficiencies Found**

- All other tags cited are standard level deficiencies.

**Time Frames for Compliance**

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is October 20, 2023.

**What to include in the Plan of Correction**

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records.  
***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

**MENTAL HEALTH LICENSURE & CERTIFICATION SECTION**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION**

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603  
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718  
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 29, 2023  
SECU Youth Crisis Center, a Monarch Program  
Monarch

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at (336) 247-1723.

Sincerely,

*Daneice Cheek, MS*

Daneice Cheek, MS  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org  
dhhs@vayahealth.com  
John Eller, Director, Mecklenburg County DSS  
Pam Pridgen, Administrative Supervisor



# STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL0601361	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/20/2023
NAME OF FACILITY SECU YOUTH CRISIS CENTER, A MONARCH PROGRAM	STREET ADDRESS, CITY, STATE, ZIP CODE 1810 BACK CREEK DRIVE CHARLOTTE, NC 28213	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0110	Correction	ID Prefix V0132	Correction	ID Prefix V0366	Correction
Reg. # 27G .0204	Completed	Reg. # G.S. 131E-256(G)	Completed	Reg. # 27G .0603	Completed
LSC	09/20/2023	LSC	09/20/2023	LSC	09/20/2023
ID Prefix V0367	Correction	ID Prefix V0500	Correction	ID Prefix V0537	Correction
Reg. # 27G .0604	Completed	Reg. # 27D .0101(a-e)	Completed	Reg. # 27E .0108	Completed
LSC	09/20/2023	LSC	09/20/2023	LSC	09/20/2023
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR <i>Danice Check</i>	DATE 9/28/23
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE <i>Director of Operations</i>	DATE 10/4/2023
FOLLOWUP TO SURVEY COMPLETED ON 6/7/2023		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		