Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	MHL0601361		C 02/02/2024

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	INITIAL COMMENTS An annual and complaint survey was completed on 2-2-24. The complaint was unsubstantiated (intake #NC00211482). No deficiencies were cited. This facility is licensed for the following categories: 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Substance Abuse and 10A NCAC 27G .5000 Facility Based Crisis Services For Individuals Of All Disability Groups. This facility is licensed for 16 and has a current census of 6. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE