

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>06/14/2024</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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 6-14-24. The complaints were substantiated (#NC00215873, #NC00215950, #NC00215981, and #NC00215977). Deficiencies were cited.</p> <p>This facility is licensed for sixteen and currently has a census on ten. The 10A NCAC 27G .3100 Nonhospital Medical Detoxification for Individuals Who are Substance Abusers has a current census of zero and the 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups has a current census of ten.</p> <p>The survey sample consisted of audits of three former Facility Based Crisis Service for Individuals of all Disability Groups clients.</p>	V 000	<p>This page intentionally left blank</p> <p style="text-align: center;"><b>RECEIVED</b> <b>JUL 08 2024</b> <b>DHSR-MH Licensure Sect</b></p>	
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p>	V 536		

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Dr. Angela Allen and Leanne VP of Operations Crisis*  
*7/3/2024*

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V 536	<p>Continued From page 1</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 wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> <li>(1) knowledge and understanding of the people being served;</li> <li>(2) recognizing and interpreting human behavior;</li> <li>(3) recognizing the effect of internal and external stressors that may affect people with disabilities;</li> <li>(4) strategies for building positive relationships with persons with disabilities;</li> <li>(5) recognizing cultural, environmental and organizational factors that may affect people with disabilities;</li> <li>(6) recognizing the importance of and assisting in the person's involvement in making decisions about their life;</li> <li>(7) skills in assessing individual risk for escalating behavior;</li> <li>(8) communication strategies for defusing and de-escalating potentially dangerous behavior; and</li> <li>(9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe).</li> </ol>	V 536	This page intentionally left blank	

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V 536	<p>Continued From page 2</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name;</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(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.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) 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>(4) 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 (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing,</p>	V 536	<p>This page intentionally left blank</p>	
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V 536	<p>Continued From page 4</p> <p>observation the facility failed to ensure that alternatives to restrictive interventions were approved by the Division of Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS). The findings are:</p> <p>Review on 5-8-24 of video of the incident dated 3-26-24 revealed:</p> <ul style="list-style-type: none"> <li>-Former Client #3 (FC #3) had been sitting outside the nurse's station with her head down and a hoodie over her head at 9:02am.</li> <li>-FC #3 sat up and reached over the counter and started throwing objects at Registered Nurse #1 (RN #1) at 9:03am.</li> <li>-FC #3 then jumped over the nurse's station and attacked the RN #1 at 9:04:06am.</li> <li>-At 9:04:17am other staff came into the nurse's station, one (Staff #8) with a blue mat approximately 3 feet by 3 feet with handles on the sides.</li> <li>-Staff #8 put the mat between RN #1 and FC #3.</li> <li>-Staff #8 was holding the mat up, but staff #8 did not push the client, or try to move the client with the mat.</li> </ul> <p>Review on 5-8-24 of Facility's Internal Investigation dated 4-17-24 for the incident on 3-26-24 and signed by Director of Operations revealed:</p> <ul style="list-style-type: none"> <li>- "At approximately 0900 (9:00am) this RN (RN #1) noticed [FC #3] was loitering at the nursing station. She had her head down on the desk..."</li> <li>- "This nurse (RN #1) was standing by the computer desk when a large water bottle was thrown past the nurse's head followed by a plastic basket that [FC #3] had grabbed from behind the nursing station's counter."</li> <li>- FC #3 then started yelling and cursing at RN</li> </ul>	V 536	<p>Even though Ukeru mats have been successful at decreasing the number of Restrictive Interventions at SECU Youth Crisis Center over the past year, Ukeru mats have been removed offsite and all staff have been notified verbally and/or in writing to advise the facility is not currently utilizing these mats.</p> <p>Safety Care will continue to be utilized at the facility. Training will continue on an annual basis.</p>	6/13/24

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V 536	<p>Continued From page 5</p> <p>#1.</p> <p>- "FC #3 proceeded to jump over the counter and into the nursing station and charged aggressively at the nurse (RN #1) attempting to strike this nurse in the face."</p> <p>- RN #1 attempted to place FC #3 into a therapeutic hold, but was unable to.</p> <p>- "Three behavioral health techs (technicians) from side A arrived with UKERU pads and were able to separate PWS (person we support) [FC #3] from this nurse and she was then guided out of the nursing station..."</p> <p>Review on 5-8-24 of the North Carolina Incident Response Improvement System last dated 4-24-24 for the incident on 3-26-24 revealed:</p> <p>- "Staff (Staff #8) were able to use mats (Ukeru ) to deter youth (FC #3) from harming staff. (RN #1)."</p> <p>Review on 6-11-24 of the North Carolina Department of Health and Human Services website for the Approved Curricula for the Use of De-Escalation Strategies and Restrictive Interventions for North Carolina revealed:</p> <p>- No use of the Ukeru mat system had been approved.</p> <p>Observation on 6-13-24 at approximately 1:00pm revealed:</p> <p>- Several Ukeru mats laying around the common room, and propped up against the wall.</p> <p>- Ukeru mats were blue, approximately three feet by three feet, with handles on four sides.</p> <p>Review on 6-10-24 of facility staff list revealed:</p> <p>- Sixty staff were currently employed at the facility.</p> <p>Review on 6-10-24 of a list of facility staff</p>	V 536	This page intentionally left blank	

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V 536	<p>Continued From page 6</p> <p>currently trained in the Ukeru mat system revealed: -Thirty seven staff had been trained in the use of the Ukeru mat system.</p> <p>Review on 5-20-24 of Staff #1's record revealed: -Hire date 5-23-22. -Safety Care parts I and II taken on 3-26-24.</p> <p>Review on 5-20-24 of Staff #2's record revealed: -Hire date 3-4-24. -Safety Care parts I and II 3-13-24.</p> <p>Review on 5-20-24 of RN #1's record revealed: -Hire date 3-4-24. -Safety Care parts I and II 3-12-24.</p> <p>Interview on 6-13-24 with Client #4 revealed: -He had been at the facility approximately one month. -He had seen the mats being used once, the prior evening (6-12-24) when a client starting kicking, throwing things and threatening staff. -Staff had picked up a mat and used them to block, but they never got close to the client. -He had never seen the mats used any other time.</p> <p>Interview on 6-13-24 with Client #5 revealed: -She did see a client punching one of the mats when he was angry, but had never seen staff use them.</p> <p>Interview on 6-11-24 with Staff #4 revealed: -The mats were used for de-escalation only. Clients can also hit the mats "if they want to."</p> <p>Interview on 6-11-24 with Staff #5 revealed: -She has been at the facility approximately ten months and has been trained on the Ukeru</p>	V 536	This page intentionally left blank	

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V 536	<p>Continued From page 7</p> <p>mat system.</p> <ul style="list-style-type: none"> <li>- "The mats are here to provide safety for everyone."</li> <li>- "It is a level above talking but not a restrictive intervention."</li> <li>- Staff can use a mat to pad the wall if a client is hitting their head.</li> <li>- She has never seen any staff push a client with a mat.</li> </ul> <p>Interview on 6-11-24 with Staff #6 revealed:</p> <ul style="list-style-type: none"> <li>- It is used for de-escalation with aggressive clients.</li> <li>- It prevents staff from being injured.</li> <li>- "We don't use it to harm or retaliate, we use it to protect ourself."</li> <li>- "We don't use it to push the kids or lock them in place (trap them). We use it to prevent punching or hitting others."</li> <li>- Staff can also use the mat to put between the wall and a client.</li> <li>- Some of the clients will calm down, and some want to release energy by hitting the mat.</li> <li>- "You don't restrain a client just if they are hitting the mat."</li> <li>- "The mat is very safe, and a very important tool."</li> <li>- Staff then demonstrated the mat.</li> </ul> <p>Observation on 6-11-24 at approximately 11:00am revealed:</p> <ul style="list-style-type: none"> <li>- Staff #6 picked up a Ukeru mat that was approximately 3 feet by 3 feet and put her hands in the handles.</li> <li>- She then backed up and explained that is what they would do if the client approaches them.</li> </ul> <p>Interview on 6-11-24 with Staff #7 revealed:</p> <ul style="list-style-type: none"> <li>- She has been trained on the Ukeru mats and has used them</li> </ul>	V 536	This page intentionally left blank	

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V 536	<p>Continued From page 8</p> <ul style="list-style-type: none"> <li>-A client had become combative, so Staff #7 picked up the mat to keep staff and the client protected.</li> <li>-“We hold the mat up between us and back up. The kid can hit the mat if they want. We just back up and keep it (the mat) between us.”</li> <li>-Clients are allowed to hit one of the mats that are laying around in the common area if they want to release frustration or anger.</li> <li>-Sometimes the clients will tire themselves out hitting the mat.</li> <li>-“The whole point is to be safe.”</li> <li>-Staff will also place the mat between the wall and a clients head if the client is hitting their head on the wall.</li> <li>-“The mats are very useful.”</li> </ul> <p>Interview on 6-11-24 with the facility's Training Specialist revealed:</p> <ul style="list-style-type: none"> <li>-“It is not used for restraints, it is used to reduce restraints, it is a redirection for aggressive behaviors into the pad system (Ukeru mat).”</li> <li>-Staff use the mats to block aggressive behaviors while continuing to de-escalate the client.</li> <li>-The staff are taught to back up and not approach the client unless they are being self injurious, or attacking another client and the staff is blocking the victim.</li> <li>-“It is not approved.” (The Ukeru mat system)</li> <li>-“It can't be a stand alone or used for restricted interventions, that's why we still use safety care for restraints.”</li> </ul> <p>Interview on 6-13-24 with the Vice President of Operations-Crisis revealed:</p> <ul style="list-style-type: none"> <li>-“It was a collaborative decision between education and management to use the mats.”</li> <li>-The mats are not approved in North Carolina but they are in other states.</li> </ul>	V 536	This page intentionally left blank	
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V 536	<p>Continued From page 9</p> <p>Plan of Protection dated 6-13-24 and signed by the Vice President of Operations-Crisis revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>All staff will be directed to not use their training in the Ukeru mats. All mats will be removed from common areas. To be completed 6-13-24.</p> <p>Describe your plans to make sure the above happens.</p> <p>All mats will be removed from the common areas. To be completed 6-13-24."</p> <p>Amended Plan of Protection dated 6-14-24 and signed by the Vice President of Operations-Crisis revealed:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>This will be communicated via in person or via email.</p> <p>Describe your plans to make sure the above happens.</p> <p>All mats will be removed from the common areas. This will be completed 6-13-24."</p> <p>The facility served children and adolescent aged to the age of 18 with diagnoses of all disability groups. For at least one and 1/2 years, the facility had been using Ukeru mats as a deescalation technique when clients became physically aggressive. The Ukeru system was not approved by the Division of MH/DD/SAS as a training</p>	V 536	This page intentionally left blank	

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V 536	Continued From page 10  curricula for the use of non-restrictive and restrictive intervention strategies. The facility was aware that Ukeru was not an approved training, but provided training to some of its staff in Ukeru and Ukeru mats were readily available for use in the facility. This deficiency constitutes a Type B violation which is detrimental to the health, safety, and welfare of the clients and must be corrected within 45 days.	V 536		
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 staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (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. (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. (d) The training shall be competency-based, include measurable learning objectives,	V 537	This page intentionally left blank	

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V 537	<p>Continued From page 11</p> <p>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> <ol style="list-style-type: none"> <li>(1) refresher information on alternatives to the use of restrictive interventions;</li> <li>(2) guidelines on when to intervene (understanding imminent danger to self and others);</li> <li>(3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);</li> <li>(4) strategies for the safe implementation of restrictive interventions;</li> <li>(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;</li> <li>(6) prohibited procedures;</li> <li>(7) debriefing strategies, including their importance and purpose; and</li> <li>(8) documentation methods/procedures.</li> </ol> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> <li>(1) Documentation shall include: <ol style="list-style-type: none"> <li>(A) who participated in the training and the</li> </ol> </li> </ol>	V 537	<p>This page intentionally left blank</p>	
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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>06/14/2024</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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(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 12</p> <p>outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(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.</p> <p>(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.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) 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>(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</p>	V 537	This page intentionally left blank	

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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>06/14/2024</b>
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V 537	<p>Continued From page 13</p> <p>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> <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:</p>	V 537	<p>This page intentionally left blank</p>	
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Division of Health Service Regulation

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V 537	<p>Continued From page 14</p> <p>Based on reviews, record reviews and interviews one of three audited staff failed to demonstrate competency in physical restraints (RN #1). The findings are:</p> <p>Review on 5-8-24 of facility video dated 3-26-24 revealed:</p> <ul style="list-style-type: none"> <li>-Former Client #3 (FC #3) was sitting outside the nurses station with her head down and a hoodie over her head at 9:02am.</li> <li>-FC #3 sat up and reached over the counter and started throwing objects at registered Nurse #1 (RN #1) at 9:03am.</li> <li>-FC #3 then jumped over the nurses station and attacked the RN #1 at 9:04.06.</li> <li>-RN #1 initially tried to avoid FC #3, but FC#3 started punching RN #1.</li> <li>-RN #1 grabs FC #3 by her hands and arms.</li> <li>-FC #3 is struggling and continued to punch Nurse #1.</li> <li>-RN #1 continued for approximately 10 seconds tussling with FC #3 to get FC #3 to stop hitting her.</li> <li>-Several more staff enter the nurses station and FC #3 stops attacking RN #1.</li> </ul> <p>Review on 5-9-24 of Facility Internal Investigation of the incident on 3-26-24 and signed by the Director of Operations on 4-17-24 revealed:</p> <p>"During the incident, a youth (FC #3) jumped over the nursing station and began hitting a staff member (RN #1) who implemented what appeared to be an improper hold to stop the youth from hitting her. In the video, staff can be seen attempting to prevent the youth from further punching by attempting to put her in a hold..."</p> <p>Review on 5-20-24 of RN 1's record revealed:</p> <ul style="list-style-type: none"> <li>-Hire date 3-4-24.</li> <li>-Safety Care parts I and II 3-12-24.</li> </ul>	V 537	This page intentionally left blank	

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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>06/14/2024</b>
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V 537	<p>Continued From page 15</p> <p>Interview on 5-24-24 with RN #1 revealed:</p> <ul style="list-style-type: none"> <li>-Another nurse had left the station to do an admission.</li> <li>-FC #3 was sitting outside the nurses station, with her head down and covered up.</li> <li>-FC #3 started throwing things at her and "yelling and cussing."</li> <li>-FC #3 jumped into the nurses station and said she would "f*** me up."</li> <li>-"She started punching me."</li> <li>-"I was trying to put her in a hold."</li> <li>-"She (FC #3) was still fighting with me. I was just trying to keep her from injuring me and keep her from grabbing stuff to keep her from using it as a weapon."</li> <li>-"As soon as the techs (Behavioral Technicians) got in there, I released her (FC #3)."</li> <li>-FC #3 was guided out of the nurses station still yelling threats at RN #1.</li> <li>-She had the Safety Care training for restraints.</li> </ul> <p>Interview on 5-24-24 with the Vice President of Operations-Crisis revealed:</p> <ul style="list-style-type: none"> <li>-The facility had done an internal investigation for the incident on 3-26-24.</li> <li>-They had suspended RN #1 and completed a report for the North Carolina Incident Response Improvement System.</li> <li>-It was determined that although RN #1 did an improper hold, it was not done with any attempt to harm the client, just protect herself.</li> </ul>	V 537	<p>An internal investigation was completed by SECU Youth Crisis Center. It was determined that an improper hold was performed and recommended that the staff involved take some additional training in restrictive interventions.</p> <p>Staff training has been completed.</p> <p>Staff will continue to participate in annual restrictive intervention (RI) training.</p> <p>After a RI has occurred, management will continue to review the holds to ensure they are completed appropriately.</p>	7/2/2024
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