STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601361	A. BUILDING: _____ B. WING _____	R 08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECU YOUTH CRISIS CENTER, A MONARCH PROGR	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 A follow up survey was completed on 8-27-24. No deficiencies were cited. This facility is licensed for sixteen and has a current census of nine. The 10A NCAC 27G .3100 Non-hospital Medical Detoxification-Individuals Who are Substance Abusers has a census of zero and the 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups has a current census of nine.	{V 000}		