

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 C 12/17/2024
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	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 12-17-24. The complaint was unsubstantiated (intake #NC00222562). No deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 3100 Nonhospital Medical Detoxification For Individuals Who Are Substance Abusers and 10A NCAC 5000 Facility Based Crisis Services For Individuals Of All Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 15. The 10A NCAC 3100 Nonhospital Medical Detoxification For Individuals Who Are Substance Abusers has a current census of 0 and the 10A NCAC 5000 Facility Based Crisis Services For Individuals Of All Disability Groups has a current census of 15. The survey sample consisted of audits of 2 former clients in the 10A NCAC 5000 Facility Based Crisis Services For Individuals Of All Disability Groups.</p>	V 000		

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

TITLE

(X6) DATE