

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 R 05/20/2025
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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	<p>INITIAL COMMENTS</p> <p>A follow up survey was completed on 5/20/25. A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 Non-Hospital Medical Detoxification For Individuals Who Are Substance Abusers and 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility is licensed for 16 and has a current census of 16. The .3100 Non-Hospital Medical Detoxification For Individuals Who Are Substance Abusers has a current census of 1 and the .5000 Facility Based Crisis Service for Individuals of all Disability Groups has a current census of 15.</p>	V 000	<p>RECEIVED</p> <p>JUN 09 2025</p> <p>DHSR-MH Licensure Sect</p>	
V 367	<p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p>	V 367	<p>V367</p> <ol style="list-style-type: none"> 1. FC#7: Monarch will submit incident reports for all incidents in which a behavior necessitates emergency services for an evaluation of a higher level of care. For individuals funded by LME/ MCO and Prepaid Health Plans, the incident will be submitted in the IRIS system within 72 hours. For individuals with alternate funding, an incident will be filed under the appropriate level in our internal system, Performance Health Partners. Our internal training will be updated to reflect this directive by the Vice President of Regulatory Affairs or QM staff designee. 2. FC#8: FC #8 is funded by Trillium Health Resources. When obtaining directives from Trillium on whether this should be filed as an IRIS report, [REDACTED] with Trillium indicated "Per the IRIS Manual, if member did not require medical treatment for injury, a restrictive intervention, Police/ DSS Involvement, ED/IVC for behaviors, suspension/expulsion of services due to behaviors, then the incident would be considered a level I incident" 3. FC #9 is funded by Alliance. Alliance indicates that aggressive behavior can pose a threat to the health or safety of the member or others, and an IRIS report would be warranted. The Monarch's Incident and Complaint Compliance Specialist has requested a meeting with NCDHHS as the MCO's 	

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

TITLE

(X6) DATE

Beverly Hatcher-Barge

Director of Operations

06/04/2025

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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		
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V 367	Continued From page 1 (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a	V 367	directives were inconsistent when obtaining clarification on incident requirements. In the event that an incident occurs, and it is not clear whether an IRIS should be submitted, an email will be sent by the Incident and Complaint Compliance Specialist or QM staff designee to the appropriate funding source to determine whether an IRIS report needs to be submitted. All incidents will be documented in our internal incident database, Performance Health Partners. If a different directive is obtained by NCDHHS, Monarch's Vice President of Regulatory Affairs or QM staff designee will update training and policies to reflect those changes.	The target date of the meeting's completion is June 27, 2025.

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V 367	<p>Continued From page 2</p> <p>report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <ul style="list-style-type: none"> (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit a level II and III incident to the Local Management Entity (LME)/Managed Care Organization (MCO) responsible for the catchment area where services are provided within 24 and 72 hours of becoming aware of the incidents. The findings are:</p> <p>Review on 5/20/25 of the North Carolina Incident Response Improvement System (IRIS) from April 25, 2025-May 19, 2025 revealed:</p>	V 367	Page Intentionally Left Blank	

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V 367	<p>Continued From page 3</p> <ul style="list-style-type: none"> - There was no level II incident report for FC #7's aggression, destruction of property, Emergency Medical Services (EMS) Transport and evaluation for higher level of care dated 4/29/25; - There was no level II incident report FC #8 altercation with FC #9. FC #8 punched FC #9 when FC #8 approached him. FC #8 had a scratch 2 ½ scratch on his neck dated 5/9/25. <p>Interview on 5/20/25 with the Director of Operations revealed:</p> <ul style="list-style-type: none"> - "We put incident reports in our system (Performance Health Partner), it them will tell us rather or not we need to do an IRIS report;" - Planned to put reports in IRIS and let IRIS determine the level of the incident. 	V 367	Page Intentionally Left Blank	