

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 12/15/2025
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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 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 12/15/25. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .3100 non-hospital Medical Detoxification-Individuals who are Substance Abusers. 10A NCAC 27G .5000 Facility Based Crisis Service for Individuals of all Disability Groups.</p> <p>This facility has a current census of 9. The .3100 non-hospital Medical Detoxification-Individuals who are Substance Abusers has a current census of 0 and the .5000 Facility Based Crisis Service for Individuals of all Disability Groups has a current census of 14. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 117	<p>27G .0209 (B) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(b) Medication packaging and labeling:</p> <p>(1) Non-prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible;</p> <p>(2) Prescription medications, whether purchased or obtained as samples, shall be dispensed in tamper-resistant packaging that will minimize the risk of accidental ingestion by children. Such packaging includes plastic or glass bottles/vials with tamper-resistant caps, or in the case of unit-of-use packaged drugs, a zip-lock plastic bag may be adequate;</p> <p>(3) The packaging label of each prescription drug dispensed must include the following:</p> <p>(A) the client's name;</p> <p>(B) the prescriber's name;</p>	V 117	<p>V117</p> <p>An in service was conducted by the Director of Operations with all nursing staff, the psychiatrist, and the PA, addressing:</p> <ul style="list-style-type: none"> ➤ Medication Verification ➤ Daily MAR Review Expectations ➤ Home Medication Reconciliation ➤ Medication Administration and Documentation Accuracy <p>Staff will immediately communicate discrepancies to the nurse manager, charge nurse, and provider. Accountability and team based medication safety practices were reinforced.</p> <p>The MAR will be monitored/audited weekly for 30 days by the nurse manager.</p>	12/18/25

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

TITLE
Director of Operations

(X6) DATE
12 / 29 / 2025

JAN 05 2026

Division of Health Service Regulation

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V 117	<p>Continued From page 1</p> <p>(C) the current dispensing date; (D) clear directions for self-administration; (E) the name, strength, quantity, and expiration date of the prescribed drug; and (F) the name, address, and phone number of the pharmacy or dispensing location (e.g., mh/dd/sa center), and the name of the dispensing practitioner.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to maintain pharmacy packing labels with clear directions for administration as required for each prescription medication dispensed for 1 of 3 current clients (Client #1). The findings are:</p> <p>Review on 12/12/25 of Client #1's record revealed: - Admission date 11/25/25; - Age 17 years old; - Diagnoses: Unspecified Mood Disorder, Unspecified Attention Deficit Hyperactivity Disorder, Unspecified Trauma and Stressor Related Disorder; - Physician Order dated 11/26/25 Prazosin (Post Traumatic Stress Disorder) 2mg (milligram), Take 1 capsule at bedtime.</p> <p>Observation on 12/12/25 at approximately 2:00pm of Client #1's medication revealed: - Pharmacy label that revealed Prazosin 2mg, Take 2 capsules by mouth every night at bedtime, dispensed 10/2/25.</p>	V 117	This page intentionally left blank	
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V 117	Continued From page 2 Interview on 12/12/25 with the Licensed Practical Nurse revealed: - "We are using the medication she (Client #1) came in with;" - Was aware the label on the medication stated take 2 capsules instead of the 1 capsule prescribed by current provider; - "I will put in an order with the doctor to have the medication package with the correct label." Interview on 12/12/25 with the Physician Assistant revealed: - "We will send a memo to the doctor, to have that changed."	V 117		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name;	V 118	V118 An in service was conducted by the Director of Operations with all nursing staff, the psychiatrist, and the PA, addressing: ➤ Medication Verification ➤ Daily MAR Review Expectations ➤ Home Medication Reconciliation ➤ Medication Administration and Documentation Accuracy Staff will immediately communicate discrepancies to the nurse manager, charge nurse, and provider. The MAR will be monitored/audited weekly for 30 days by the nurse manager.	12/18/25

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V 118	<p>Continued From page 3</p> <p>(B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure that medication was administered on a written order of a physician and failed to keep MAR current for 1 of 3 current clients (Client #3). The findings are:</p> <p>Review on 12/15/25 of Client #3's record revealed: - Admission date 12/4/25; - Age 14 years old; - Diagnoses: Major Depressive Disorder, Recurrent Episode Moderate; Post Traumatic Stress Disorder; Generalized Anxiety Disorder; - Physicians Order dated 12/5/25 Zoloft (anxiety) 50mg (milligram) take 1.5 tablet daily.</p> <p>Review on 12/12/25 of Client #3's MAR from December 5, 2025-Decemeber 12, 2025 revealed: - No documentation that Client #3 medication had been administered.</p> <p>Observation on 12/12/25 at approximately</p>	V 118	This page intentionally left blank	

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V 118	<p>Continued From page 4</p> <p>1:40pm of Client #3's medication revealed: - An unopened bubble pack of Zoloft 50mg, dispensed on 12/5/25.</p> <p>Interview on 12/12/25 with Client #3 revealed: - Was administered prescribed medications daily.</p> <p>Interview on 12/12/25 with the Registered Nurse revealed: - "The doctors will send out an email but there are some doctors who do not put in orders;" - Checked every Monday to see if there were medications changes; - Reviewed the MARs and physician orders when administering medications to clients; - Was not aware Client #3 was prescribed Zoloft because it was not on the MAR.</p> <p>Interview on 12/12/25 with the Physician Assistant revealed: - "For some reason the Zoloft 50mg was not uploaded to the MAR, so the nurses did not know to give the medication."</p>	V 118	This page intentionally left blank	
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December 29th, 2025

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Annual and Follow Up Survey completed December 15, 2025
SECU Youth Crisis Center, a Monarch Program 1810 Black Creek Drive Charlotte, NC 28213
MHL # 060-1361

Hello,

Enclosed, please find the completed Plan of Correction for deficiencies cited during the survey referenced above.

Please let me know if you have any questions. Thank you.

Sincerely,
Jennifer Smith

Jennifer Smith, Compliance Specialist

Compliance Specialist

Jennifer.Smith@monarchnc.org

(704) 322-5058

