



192 Village Drive • Jacksonville, NC 28546 • P: 910-577-1400 • F: 910-577-2760 • www.brynnmarr.org

May 27, 2022

DHSR - Mental Health

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

JUN 1 2022

Lic. & Cert. Section

RE: Complaint Survey completed April 19, 2022
Brynn Marr Hospital, 192 Village Drive, Jacksonville, NC 28546
MHL # MHH0190
Intake #NC00186458

To Whom It May Concern:

Enclosed you will find Brynn Marr Hospital's original Plan of Correction in response to the complaint survey conducted at our facility completed April 19, 2022. Please contact me directly at (910) 577-2710 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Allison Harris, MSW".
Allison Harris, MSW

Director of Risk Management & Performance Improvement

allison.harris@uhsinc.com

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 April 19, 2022. The complaint was unsubstantiated (intake #NC00186458). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents.</p> <p>This facility is licensed for 18 and currently has a census of 16. The survey sample consisted of audits of 3 current clients and 1 former client.</p> <p>This Statement of Deficiencies was amended on May 16, 2022 due to the complaint (intake #NC00186458) was substantiated.</p>	V 000	<p>DHSR - Mental Health</p> <p>JUN 1 2022</p> <p>Lic. & Cert. Section</p>	
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p>	V 105		

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

513X11

If continuation sheet 1 of 26

Allan Hallin, MD 5-27-22
Director of Risk Management
and Performance Improvement

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 105	Continued From page 1 (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges; (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 105	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement written standards that assured operational and programmatic performance meeting applicable standards of practice for reporting serious occurrences to the State designated Protection and Advocacy system (Disability Rights North Carolina (DRNC)). The findings are: Review on 4/14/22 of the Code of Federal Regulations (CFR) revealed: -"§483.374(b) Reporting of serious occurrences. The facility must report each serious occurrence to both the State Medicaid agency and, unless prohibited by State law, the State-designated Protection and Advocacy system. Serious occurrences that must be reported include a resident's death, a serious injury to a resident as defined in §483.352 of this part, and a resident's suicide attempt." Reviews between 4/14/22 - 4/19/22 of client #7's record revealed: -16 year old female admitted 1/12/21. -Diagnoses included disruptive mood dysregulation disorder; autistic disorder; and schizoaffective disorder, bipolar type. -Client #7 had a history of suicidal ideation and suicide attempt. Review on 4/18/22 of client #7's "Master	V 105	All PRTF incident reports are reviewed in daily operations meeting for accuracy, completion, and severity level. Incidents categorized as Non-Suicidal Self-Injurious Behavior, Suicidal Behavior, and Suicide Attempt will be further analyzed by the Risk Manager and/or CNO and Nursing leadership, involving other leaders as necessary, to ensure accurate reporting and documentation of serious incidents and to ensure appropriate response and preventative actions are taken. 100% of all PRTF incidents defined as serious occurrences will be reported within the NC Incident Response Improvement System (IRIS) and to Disability Rights North Carolina (DRNC) as required. In-service training with PRTF clinical staff to be conducted by the Risk Manager on proper documentation of suicide attempts, suicidal behavior, and non-suicidal self-injurious behavior relative to the description of behaviors, method of attempt, potential lethality, medical interventions required, degree of intent and severity, and other external or internal factors for consideration. The purpose of this training is to ensure serious events are accurately depicted in the medical record and incident reporting system, as well as to improve communication of incidents between disciplines for treatment planning purposes.	Ongoing Ongoing 6/15/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 105	<p>Continued From page 3</p> <p>Treatment Plan Update/Clinical Staffing Worksheet" dated 3/3/2022 revealed:</p> <p>-On 2/10/22 client #7 was in the bathroom to shower and did not respond to staff. Staff found client #7 sitting on the bathroom floor with a pair of her pants wrapped around her neck. "Patient acknowledged suicide Attempt."</p> <p>-On 2/14/22 client #7 "expressed that she had consumed a small amount of toothpaste and body wash, but stated that she was unsure of why she did it."</p> <p>-On 2/18/22 client #7 was observed to be drooling on the floor and told the nurse that she tried to stick a tampon down her throat.</p> <p>-Progress toward goals related to "Suicidal Ideation/Self-Injurious Behaviors" documented, "During this review period, Patient acknowledges having Suicidal Ideation, with several attempts of suicide as mentioned above."</p> <p>Review on 4/18/22 of client #7's Individual Therapy note dated 2/17/22 revealed:</p> <p>-Direct quote by client #7, "I'm not doing well ... I know we spoke about my Suicide attempt from Thursday (would have been 2/10/22) but I had another one on Friday. I read on the tooth paste bottle that too much tooth paste could lead to positioning (poisoning) so I tried to eat as much tooth paste I could so that I'd get sick enough."</p> <p>Review of the Incident Report Log on 4/18/22 revealed:</p> <p>-Incident date 2/10/22: Incident "Type" was listed as "Suicidal Behavior." Client #7 had a "bad" phone call with her parent/guardian. Client was observed sitting on the shower room floor with pants loosely wrapped around her neck with a toothpaste cap in her mouth.</p> <p>-Incident date 2/15/22: Incident "Type" was listed as "Non-Suicidal Self Injurious Behavior." Client</p>	V 105		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 105	Continued From page 4 #7 was found "drooling" and stated she had tried to hurt herself by swallowing a tampon. The tampon was found in the trash. -No documentation reports of suicide attempts had been reported to DRNC. Interview on 4/19/22 the Chief Nursing Officer stated there was no documentation that client #7's suicide attempts had been reported to DRNC.	V 105		
V 314	27G .1901 Psych Res. Tx. Facility - Scope 10A NCAC 27G .1901 SCOPE (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s. (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting. (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis. (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting. (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. (f) The PRTF shall coordinate with other	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 5</p> <p>individuals and agencies within the child or adolescent's catchment area.</p> <p>(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at http://www.dhhs.state.nc.us/dma/.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide required supervision and specialized interventions to ensure the safety of clients on a 24-hour basis affecting 2 of 3 current clients audited (#7, #12) and 1 of 1 former client audited (#17). The findings are:</p> <p>Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (V366) Based on record review and interview, the facility failed to develop and implement written policies governing their response to incidents as required.</p> <p>Cross Reference: 10A NCAC 27G .1901 STAFF (V315) Based on record review and interview the facility failed to ensure at all times, at least two direct care staff members were present with</p>	V 314	<p>All PRTF incident reports are reviewed in daily operations meeting for accuracy, completion, and severity level. Incidents categorized as Non-Suicidal Self-Injurious Behavior, Suicidal Behavior, and Suicide Attempt will be further analyzed by the Risk Manager and/or CNO and Nursing leadership, involving other leaders as necessary, to ensure accurate reporting and documentation of serious incidents and to ensure appropriate response and preventative actions are taken.</p>	Ongoing

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 6</p> <p>every six children or adolescents in the Psychiatric Residential Treatment Facility (PRTF) and, PRTF staff responsibilities were separate from those performed on an acute medical unit affecting 1 of 3 current clients audited (client #7) and 1 of 1 former client (FC#17) audited.</p> <p>Reviews between 4/14/22 - 4/19/22 of client #7's record revealed:</p> <ul style="list-style-type: none"> -16 year old female admitted 1/12/21. -Diagnoses included disruptive mood dysregulation disorder; autistic disorder; and schizoaffective disorder, bipolar type. -Client #7 had a history of suicidal ideation and suicide attempt. -2/17/22 Individual Therapy note documented client #7 reported to the therapist "I'm not doing well ... I know we spoke about my Suicide attempt from Thursday (would have been 2/10/22) but I had another one on Friday. I read on the toothpaste bottle that too much toothpaste could lead to positioning (poisoning) so I tried to eat as much tooth paste I could so that I'd get sick enough." -2/17/22 Family Therapy note documented client #7's parent/guardian reported that client #7 "can go months where she's doing good and then she will have Suicidal ideation, and then her behavior will get aggressive. When I got the call the other day about her Suicide attempt, I told them that she would next get aggressive and see that's exactly what happened." -Client #7 had been on every 5 minute observation status at the time of each physical aggression/biting incident on 2/16/22, 2/19/22, and 2/28/22. This remained the same following the incidents on 2/16/22 and 2/19/22. On 3/1/22 her observation status was increased to 1:1 staffing by the physician. 	V 314	<p>Plan of Protection implemented on 4/19/22 remains in place. Dedicated staff are assigned to the PRTF unit and have been educated on maintaining ratio of 2 staff to every 6 patients at all times to include not responding to codes on the acute hospital units.</p> <p>Assignment Sheets were revised to clearly indicate PRTF staff are not to respond to psychiatric emergencies on acute hospital units in order to maintain proper ratios.</p> <p>The following addition was made to Patient Care Policy PC-1-008 Psychiatric Emergency (Code AIMZ – Actively Involved in Making it Zero) Code Response section: "Trained staff assigned to the PRTF unit are exempt from responding to a Code AIMZ when the emergency situation is located on an acute hospital unit in order to maintain proper ratio of 2 staff to every 6 patients at all times."</p> <p>Written policy attestation added to new hire orientation beginning with 5/23/22 orientation class that all direct care staff are educated on the 2:6 staff to patient ratio on PRTF and agree to maintain the required ratio at all times.</p> <p>Additional staff are scheduled by the Staff Coordinator for PRTF to assist in maintaining required ratios.</p> <p>Memorandum clearly posted in the staff clock-in room and the PRTF Nurse's station advising all staff of the required 2 staff to 6 patients ratio at all times.</p>	<p>4/19/22</p> <p>4/19/22</p> <p>4/21/22</p> <p>5/23/22</p> <p>4/19/22</p> <p>4/19/22</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 7</p> <p>Review on 4/18/22 of client #7's Master Treatment Plan Update/Clinical Staffing Worksheets dated 2/3/22 and 3/3/2022 revealed:</p> <p>-2/3/22 Master Treatment Plan Update/Clinical Staffing Worksheet documented:</p> <ul style="list-style-type: none"> -No incidents of verbal or physical aggression. -No incident of self-injurious behaviors. -Client #7 "acknowledged "fighting on the unit and difficult phone calls with her Mother" were stressors that would lead to self-injurious behaviors. <p>-3/3/22 Master Treatment Plan Update/Clinical Staffing Worksheet documented:</p> <ul style="list-style-type: none"> -On 2/10/22 client #7 was in the bathroom to shower and did not respond to staff. Staff found client #7 sitting on the bathroom floor with a pair of her pants wrapped around her neck. "Patient acknowledged suicide attempt." -On 2/14/22 client #7 "expressed that she had consumed a small amount of toothpaste and body wash, but stated that she was unsure of why she did it." -On 2/18/22 client #7 was observed to be drooling on the floor and told the nurse that she tried to stick a tampon down her throat. -Progress toward goals related to "Suicidal Ideation/Self-Injurious Behaviors" documented, "During this review period, Patient acknowledges having Suicidal Ideation, with several attempts of suicide as mentioned above." <p>Reviews between 4/14/22 and 4/19/22 of FC#17's record revealed:</p> <ul style="list-style-type: none"> -15 year old female admitted 6/9/21 and discharged 3/4/22. -Diagnoses included bipolar disorder, unspecified; attention-deficit hyperactivity disorder (ADHD), combined type; post-traumatic stress disorder, chronic; and oppositional defiant 	V 314	<p>Nursing leaders conduct rounds every 2 hours and senior leaders conduct rounds during their assigned Administrator on Call week either in person or via camera to ensure PRTF remains in ratio of 2 staff to every 6 patients at all times.</p> <p>Noncompliance will be reported immediately to the CEO, CNO and/or Risk Manager and corrective action to maintain ratio will take place immediately.</p>	<p>4/19/22</p> <p>Ongoing</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 8</p> <p>disorder ODD).</p> <p>-Prior to admission FC#17 had injured her left ankle and reported she had fallen riding her bike. Fractures were ruled out by radiographs done 11/24/21.</p> <p>-Seen by the facility physician on 2/17/22 for a human bite wound that punctured the skin. The wound was a 4 cm (centimeters) superficial "U" shaped arch laceration to the left biceps with mild bruising and erythematous. HIV (human immunodeficiency virus) and hepatitis screening panel ordered and negative. Augmentin (antibiotic) ordered twice daily for 5 days with topical Neosporin (antibiotic) ointment twice daily for 3 days.</p> <p>-On 2/19/22 FC#17 was seen in the Emergency Room (ER) for a human bite, contusion to her face, and contusion of the left ankle and foot that was sustained during an assault at the PRTF. Fractures were ruled out by radiographs of her shoulder, mandible, and left foot. Augmentin 500-125 mg was administered in the ER and a prescription written for Augmentin 875-125 mg twice daily for 7 days.</p> <p>-Bitten by client #7 on 2/28/22 during an altercation described by the physician at discharge, "Very superficial abrasion to right scapula area on back, roughly 1-2 cm (centimeters), only involving the top layer of epidermis with small amount of surrounding bruising... Triple antibiotic ointment ordered topically twice a day for four days to treat new bite mark."</p> <p>Review on 4/19/22 of client #12's record revealed:</p> <p>-15 year old female admitted 6/24/21.</p> <p>-Diagnoses included bipolar disorder, ADHD, and ODD.</p> <p>-On 2/21/22 the facility physician ordered</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 9</p> <p>Augmentin 875 mg-125mg twice daily for 5 days for human bite prophylaxis.</p> <p>Review on 4/18/22 of "Camera Review" of 2/19/22 incident: -Camera video reviewed on 2/22/22 by the Nurse Manager. -Incident began at approximately 5:53 pm when staff were seen attempting to verbally de-escalate and separate FC#17 from her peers. Client #7 was able to make physical contact and was seen pulling FC#17's hair, hitting her, jumping on her back, and kicking her left leg approximately 6 times. Client #8 was also involved in the physical attack of FC#17. -A code for emergency response was called at approximately 5:54 pm and approximately 8 staff arrived to assist and FC#17 and client #7 were separated with a fire door between the 2 clients. -At 5:55 pm client #7 "appears" to physically attack client #5 and client #12 pulling client #7's hair. -At 5:56 pm client #7 was seen being escorted to the "Quiet" room and it looked like a voluntary "time out."</p> <p>Interview on 1/18/22 client #7 stated: -Her experience in the facility was "good and not so good here." -She would say it was "75% good." -What could make it better would be if it were "more quiet and less drama."</p> <p>Interview on 4/14/22 Registered Nurse (RN) #1 stated: -She was working on 2/16/22 when client #7 bit FC#17. -Prior to the altercation the nurse was leading a group session with clients. Client #7 was "upset and pacing," but she was not sure why she was</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 10</p> <p>exhibiting this behavior. FC #17 was coming "in and out" of the lounge where they were having group, despite having been redirected.</p> <p>-Client #7 was in the "Quiet" room when FC#17 made a comment to her that "seemed to trigger" client #7.</p> <p>-Staff tried unsuccessfully to get FC#17 into the lounge, but client #7 was able to leave the "Quiet" room and the physical altercation occurred.</p> <p>-FC#17 had a behavior of making antagonizing comments to other clients, not just to client #7.</p> <p>-Client #7 had not had any recent aggressive incidents to this severity until 2/16/22.</p> <p>-Client #7 was "sensitive" about her family. FC#17's comments about client #7's family triggered the physical attack.</p> <p>Interview on 4/18/22 Staff #1 stated:</p> <p>-She was working on 2/19/22 when client #7 bit FC#17.</p> <p>-The problems on the unit started with an altercation between client #8 and FC#17.</p> <p>-Client #7 "appeared" and joined in, as did client #12. Client #7 then "went for [client #5]."</p> <p>-It was "very chaotic ... some of the girls were crying, screaming."</p> <p>-Client #7 had been "calm" for months, then her behaviors became spontaneous and unexpected.</p> <p>-FC#17 had a behavior of saying things out loud that would upset the other clients.</p> <p>Interview on 4/18/22 the Licensed Practical Nurse (LPN) #1 stated:</p> <p>-She was working on 2/28/22 when client #7 bit FC#17</p> <p>- She started working at the facility in January 2022, but "normally" worked on one of the acute hospital units and was not very familiar with the clients on the residential unit.</p> <p>-Client #7 had told others "multiple times that day"</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 11</p> <p>that someone was telling her to "physically attack" FC#17.</p> <p>-The attack occurred near the end of the shift after all but 3 staff had left the unit in response to an emergency code called by an acute hospital unit. There were 16 clients on the unit.</p> <p>Interview on 4/18/22 Staff #2 stated:</p> <p>-She was working 1:1 with FC#17 on 2/28/22 when FC#17 was attacked and bitten by client #7.</p> <p>-Prior to the attack FC#17 was upset and "pacing" in the hall; client #7 was by the "comfort" room (same as the Quiet room), then, one client called the other a "b***h." She was not sure if client #7 made the comment to FC#17, or if FC#17 made the comment to client #7.</p> <p>-Client #7 "ran up on [FC#17] and attacked her."</p> <p>-The bite was the first attack.</p> <p>Interview on 4/18/22 client #7's Therapist stated:</p> <p>-To her knowledge client #7 had not displayed any physical aggressive behaviors since August 2021 until 2/16/22.</p> <p>-She met with client #7 on 2/17/22 and they discussed the 2/16/22 incident.</p> <p>-The next meeting she had with client #7 was on 2/23/22 to prepare for the treatment team. She looked at her notes and did not see any discussion of the 2nd (2/19/22) physical altercation/bite incident with FC#17.</p> <p>-She was on vacation the week of 2/28/22 when the 3rd physical altercation/bite incident occurred.</p> <p>-Client #7's goal related to aggression was discussed at her Treatment Team meeting on 3/3/22 with client strategies to include coping skills, communication, deep breathing, and mindfulness. Client #7 also had medication changes during this time.</p> <p>Interviews on 4/18/22 and 4/19/22 the Chief</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	<p>Continued From page 12</p> <p>Nursing Officer stated:</p> <ul style="list-style-type: none"> -There had been no post-incident meetings with the Performance Improvement/Risk Manager to develop specialized strategies. -The nurse managers meet each shift to allocate staffing resources to meet client needs. <p>Review on 4/19/22 of the Plan of Protection dated 4/19/22 signed by the Chief Nursing officer revealed:</p> <ul style="list-style-type: none"> -"What immediate action will the facility take to ensure the safety of the consumers in your care? Effective immediately, PRTF is to remain in ratio (2:6) at all times to include when codes are called. Assignment sheets will be revised removing all codes to ensure no PRTF staff attend to any codes off the unit. Memos were distributed and signed by PRTF staff regarding the ratio of 2:6 & not responding to codes. -"Describe your plans to make sure the above happens. Every 2 hours, the house supervisor will monitor & verify staffing level ensuring the ratio remain 2:6 at all times. Incidents will be reviewed by House Sup(supervisor)/Manager, then Risk Manager for further analysis" <p>Client #7 was a 16 year-old female with diagnoses of disruptive mood dysregulation disorder; autistic disorder; and schizoaffective disorder, bipolar type. Client #7 had a history of aggressive behaviors and suicidal ideation and suicidal attempt. Client #12 was a 15 year-old female with diagnoses of attention deficit hyperactivity disorder (ADHD), bipolar disorder, and oppositional defiant disorder ODD). FC#17 was a 15 year old female with diagnoses of bipolar disorder, unspecified; ADHD, combined type; post-traumatic stress disorder, chronic; and ODD. FC#17 had a history of making antagonizing comments to her peers. Client #7</p>	V 314		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2022	
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546			
(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 314	<p>Continued From page 13</p> <p>became aggressive and bit FC#17 on 3 separate occasions within 2 weeks, 2/16/22, 2/19/22, and 2/28/22. Each bite wound broke the skin and required FC#17 to receive oral and topical antibiotics. Client #12 was bitten by client #7 on 2/19/22 during the altercation with client #7 and FC#17. Client #12 had to receive antibiotics for her bite wound. The incidents on 2/19/22 and 2/28/22 escalated to include multiple clients on the unit. Client #7 was identified to attempt suicide on 2/10/22 and reported in her treatment team on 3/3/22 that she had "several attempts" of suicide during her review period between 2/3/22 and 3/3/22. Client #7's parent/guardian informed the Therapist on 2/17/22 that client #7 had a historical pattern to "go months" without problems, then experience suicidal ideation that would be followed by aggressive behavior. On 2/28/22 all but 3 staff left the unit to respond to an emergency situation on one of the acute hospital units. This left the unit with 16 clients and 3 staff. Two of the staff had a 1:1 assignment, and, by default, the 3rd staff was responsible for 14 clients, one being client #7. Shortly after the staff left the unit, client #7 and FC#17 engaged in negative verbal exchanges, followed by the 3rd attack by client #7 biting FC#17. Other clients became involved as well in the altercation/incident. The facility failed to follow their Incident Policy or ensure adequate staffing at all times; therefore, did not implement preventive measures, specialized interventions, or adequate supervision to ensure the safety of all clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of</p>			V 314			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 314	Continued From page 14 compliance beyond the 23rd day.	V 314		
V 315	27G .1902 Psych. Res. Tx. Facility - Staff 10A NCAC 27G .1902 STAFF (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness. (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit. (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units. (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility. (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure at all times, at least two direct care staff members were present with every six children or adolescents in the Psychiatric Residential Treatment Facility (PRTF) and, PRTF staff responsibilities were separate from those performed on an acute medical unit affecting 1 of 3 current clients audited (client #7) and 1 of 1 former client (FC#17) audited. The findings are:	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 315	Continued From page 15 Reviews between 4/14/22 - 4/19/22 of client #7's record revealed: -16 year old female admitted 1/12/21. -Diagnoses included disruptive mood dysregulation disorder; autistic disorder; and schizoaffective disorder, bipolar type. -History of aggressive behaviors. Reviews between 4/14/22 and 4/19/22 of FC#17's record revealed: -15 year old female admitted 6/9/21 and discharged 3/4/22. -Diagnoses included bipolar disorder, unspecified; attention-deficit hyperactivity disorder (ADHD), combined type; post-traumatic stress disorder, chronic; and oppositional defiant disorder ODD). -Bitten by client #7 on 2/16/22 and 2/19/22. Antibiotic therapy was required for each bite wound, and evaluation in the Emergency Room on 2/19/22 for the bite wound and injuries to her face and left foot. -Bitten by client #7 on 2/28/22 during an altercation described by the physician at discharge, "Very superficial abrasion to right scapula area on back, roughly 1-2 cm (centimeters), only involving the top layer of epidermis with small amount of surrounding bruising... Triple antibiotic ointment ordered topically twice a day for four days to treat new bite mark." Review of Incident Report Log on 4/18/22 revealed: -2/16/22: Clients #7 and FC#17 were in a physical altercation when client #7 bit FC#17's forearm, breaking the skin. -2/19/22: Client #7 "attacked" FC#17, biting her on the back and kicking, stomping her right leg. FC #17 was sent to the emergency room (ER)	V 315	Plan of Protection implemented on 4/19/22 remains in place. Dedicated staff are assigned to the PRTF unit and have been educated on maintaining ratio of 2 staff to every 6 patients at all times to include not responding to codes on the acute hospital units. Assignment Sheets were revised to clearly indicate PRTF staff are not to respond to psychiatric emergencies on acute hospital units in order to maintain proper ratios. The following addition was made to Patient Care Policy PC-1-008 Psychiatric Emergency (Code AIMZ – Actively Involved in Making it Zero) Code Response section: "Trained staff assigned to the PRTF unit are exempt from responding to a Code AIMZ when the emergency situation is located on an acute hospital unit in order to maintain proper ratio of 2 staff to every 6 patients at all times." Written policy attestation added to new hire orientation beginning with 5/23/22 orientation class that all direct care staff are educated on the 2:6 staff to patient ratio on PRTF and agree to maintain the required ratio at all times. Additional staff are scheduled by the Staff Coordinator for PRTF to assist in maintaining required ratios. Memorandum clearly posted in the staff clock-in room and the PRTF Nurse's station advising all staff of the required 2 staff to 6 patients ratio at all times.	4/19/22 4/19/22 4/21/22 5/23/22 4/19/22 4/19/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 315	<p>Continued From page 16</p> <p>and ordered oral antibiotics.</p> <p>-2/28/22: Client #7 attacked FC#17 and bit her on the right shoulder. FC#17 and client #5 then began hitting client #7. The clients were separated by staff. The registered nurse applied first aid to the bite wound, "No broken skin noted."</p> <p>Review on 4/19/22 of the facility policy, "Psychiatric Emergency (Code AIMZ- Actively Involved in Making it Zero)" revealed:</p> <p>- "Policy Statement: To provide adequate backup crisis intervention when a patient's behavior has escalated beyond the effective use of verbal intervention and/or available human resources are inadequate to safely manage the psychiatric emergency..."</p> <p>- "Response to the "Code AIMZ" 1. All assigned, trained staff members are expected to respond immediately, if it is deemed safe to leave their work station, to the crisis area and await instruction from the code leader (staff member with firsthand knowledge of crisis event)."</p> <p>- The policy did not differentiate between the response to a Code AIMZ by the staff working on the PRTF and those working on an acute hospital unit.</p> <p>Review on 4/19/22 of the daily staff "Assignment Sheet" for 2/28/22 revealed:</p> <p>- Staff worked 12 hour shifts, 7am-7pm and 7pm-7am.</p> <p>- There was a place on the form to list staff assigned to respond to "Code AIMZ/elopement" for each shift.</p> <p>- There were no staff assigned to respond to Code AIMZ on the 7 am -7 pm shift on 2/28/22.</p> <p>Review on 4/19/22 of the "Daily Assignment Sheet" for the 7am-7pm shift on 2/28/22 revealed</p>	V 315			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRYNN MARR HOSPITAL

192 VILLAGE DRIVE

JACKSONVILLE, NC 28546

(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 315	<p>Continued From page 17</p> <p>a census of 16 with 7 staff assigned.</p> <p>Interview on 4/18/22 the Licensed Practical Nurse (LPN) #1 stated:</p> <ul style="list-style-type: none"> -On 2/28/22 she was working the 7 am -7 pm shift on PRTF and was not "that familiar with the girls" on the unit. -She was hired in January 2022 and "normally" worked on one of the acute hospital units. - "Close" to the end of her shift on 2/28/22 a Code AIMZ was called by one of the acute units. - "Before I knew it everyone was gone." -There was an assignment sheet that listed the staff assigned for the Code AIMZ response. She was not sure who was on the list to go to the codes. -All of the staff working PRTF left the unit to respond to the Code AIMZ on the acute hospital unit except for herself, Staff #2 who was assigned to work 1:1 with FC#17, and Staff #3 who was assigned to work 1:1 with client # 8. -When her co-workers left the unit to respond to the code, she was left with 14 clients, to include client #7. -She was able to get all but client #7 to congregate into 1 of 2 lounges on the hall to watch television. -Client #7 got up and went to the second lounge across the hall from where the clients were watching television. LPN#1 could see client #7 through the 2 lounge door windows sitting in a chair. She looked calm. -All of the other clients told LPN#1 that client #7 was going to "go off" because she had been "amping up" all day. -Suddenly LPN#1 heard Staff #2 yell for help; client #7 had FC#17 by her hair. Staff #3 responded as the altercation occurred in an alcove off of the hall. -She should not have been left alone in her 	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 315	<p>Continued From page 18</p> <p>opinion. When she worked on the acute hospital unit, only 1 staff was assigned to respond to a code AIMZ.</p> <p>-The incident occurred about 15 minutes after the staff left to go to the Code AIMZ.</p> <p>-She and Staff # 3 called a Code AIMZ after client #7 attacked FC#17.</p> <p>Interview on 4/18/22 Staff # 2 stated:</p> <p>-She had been employed at the facility for 5 ½ months.</p> <p>-On 2/28/22 she was working 1:1 with FC#17.</p> <p>-It was not long after the staff left for the Code AIMZ on the acute hospital unit that client #7 "ran up on [FC#17] and attacked her."</p> <p>-FC#17 was upset and was pacing in the hall before the attack. Client #7 was standing in the hall by the "Quiet" room.</p> <p>-Staff #2 and FC#17 were at the end of the hall past the "Quiet" room at the furthest point from the lounge when one client called the other a "b***h."</p> <p>-The attack happened so fast there was nothing she could do to prevent the incident.</p> <p>-The other 2 staff on the unit came to help, called a Code AIMZ, and other staff arrived.</p> <p>-It was so "chaotic" she could not say how many of the responders were from the staff that had left the unit.</p> <p>-Several of the other clients "jumped" on client #7. She could not say who they were because she was so focused on FC#17.</p> <p>-At the beginning of a shift the "techs" (technicians) would discuss who would respond to codes.</p> <p>-She did not know who was assigned on 2/28/22 to respond to codes; there was only 1 staff assigned each shift.</p> <p>-When client #7 attacked FC#17 on 2/28/22, the bite was client #7's first physical aggressive</p>	V 315		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 315	<p>Continued From page 19</p> <p>behavior.</p> <p>-Given the "quickness" of the incident on 2/28/22, if another staff had been on the unit hall it probably still would have happened, but maybe not as "bad" because client #7 and FC#17 could have been separated quicker.</p> <p>Interviews on 4/18/22 and 4/19/22 the Chief Nursing Officer (CNO) stated:</p> <p>-On 2/28/22 the House Supervisor told the staff on PRTF to respond to the Code AIMZ on the acute hospital unit because it was paged 3 times, and the last time it was paged, as "STAT" (urgent).</p> <p>-The PRTF staff were not supposed to leave the PRTF to respond to Code AIMZ pages from other acute hospital units.</p> <p>-The House Supervisor had resigned effective 4/18/22. It was a voluntary resignation.</p> <p>Unable to interview the House Supervisor on 4/19/22 because he did not return phone calls before exit.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation.</p>	V 315			
V 366	<p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p> <p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <p>(1) attending to the health and safety needs of individuals involved in the incident;</p>	V 366			

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRYNN MARR HOSPITAL

192 VILLAGE DRIVE

JACKSONVILLE, NC 28546

(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 366	<p>Continued From page 20</p> <p>(2) determining the cause of the incident;</p> <p>(3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days;</p> <p>(4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days;</p> <p>(5) assigning person(s) to be responsible for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRYNN MARR HOSPITAL

192 VILLAGE DRIVE

JACKSONVILLE, NC 28546

(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 366	<p>Continued From page 21</p> <p>who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 366	<p>Continued From page 22</p> <p>treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement written policies governing their response to incidents as required. The findings are:</p> <p>Reviews between 4/14/22 - 4/19/22 of client #7's record revealed: -16 year old female admitted 1/12/21. -Diagnoses included disruptive mood dysregulation disorder; autistic disorder; and schizoaffective disorder, bipolar type. -Client #7 reported to her therapist on 2/17/22 that she had made a subsequent suicide attempt on the Friday following her suicide attempt on 2/10/22 by consuming toothpaste. -During the treatment team meeting on 3/3/22 client #7 acknowledged "several" suicide attempts between the treatment team meetings on 2/3/22 and 3/3/22.</p> <p>Reviews between 4/14/22 and 4/19/22 of FC#17's record revealed: -15 year old female admitted 6/9/21 and discharged 3/4/22. -Diagnoses included bipolar disorder, unspecified; attention-deficit hyperactivity disorder</p>	V 366	<p>All PRTF incident reports are reviewed in daily operations meeting for accuracy, completion, and severity level by the Risk Manager. An internal review team will be convened for 100% of serious incidents warranting further investigation and analysis within 24 hours of the incident occurrence, which includes camera review. The Risk Manager will oversee the investigation and provide recommendations for minimizing the occurrence of future incidents, involving other leaders as necessary. All investigation and risk management efforts to be documented and maintained by the Risk Manager.</p> <p>100% of serious incidents are reviewed and analyzed for corrective action in monthly Patient Safety Council and Quality Council/ Performance Improvement meetings and also reported in Medical Executive and Board of Governor meetings by the Risk Manager.</p>	<p>4/19/22</p> <p>5/26/22</p>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRYNN MARR HOSPITAL

192 VILLAGE DRIVE

JACKSONVILLE, NC 28546

(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 366	<p>Continued From page 23</p> <p>(ADHD), combined type; post-traumatic stress disorder, chronic; and oppositional defiant disorder ODD).</p> <p>Review on 4/19/22 of client #12's record revealed:</p> <ul style="list-style-type: none"> -15 year old female admitted 6/24/21. -Diagnoses included bipolar disorder, ADHD, and ODD. -On 2/21/22 the facility physician ordered Augmentin 875 mg-125mg twice daily for 5 days for human bite prophylaxis. <p>Review on 4/18/22 of the facility policy, "Incident Report (IR) Incident Reporting Process revealed:</p> <ul style="list-style-type: none"> -The facility Risk Manager was responsible "overall" to "Conduct follow up and investigation to ensure that appropriate actions are taken to prevent further incident/injury and/or reoccurrence." <p>Review of Incident Report Log on 4/18/22 revealed:</p> <ul style="list-style-type: none"> -No documentation the following incidents recorded on the log had been investigated to (1) determine the cause of the incident; (2) develop/implement measures to correct and/or prevent similar incidents; or, (3) assign person(s) to be responsible for implementation of the corrective and/or preventive measures: <ol style="list-style-type: none"> 1. 2/10/22: Client #7 made a suicide attempt following a "bad" phone call with her parent/guardian. Client #7 was observed sitting on the shower room floor with pants loosely wrapped around her neck with a toothpaste cap in her mouth. 2. 2/15/22: Client #7 was observed to be drooling and reported she was trying to hurt herself by swallowing a tampon. The tampon was found in the trash. 	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546		
(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 366	<p>Continued From page 24</p> <p>3. 2/16/22: Clients #7 and FC#17 were exchanging rude comments when FC#17 made the comment, "at least I have a family." In response client #7 became physically aggressive, grabbed FC#17 by her hair, and bit FC#17's forearm, breaking the skin. Staff applied first aid.</p> <p>4. 2/19/22: Client #7 "attacked" FC#17, biting her on the back and kicking, stomping her right leg. Client #7 then attacked client #12 by biting client #12 on her right middle finger. Client #12 pulled client #7's hair and scratched her face. The clients were separated by the staff and then client #7 "charged" at client #5 pulling her hair and hitting her. FC #17 was sent to the emergency room (ER) for evaluation of the bite wound and right leg injury. The physician in the ER ordered oral antibiotics in addition to those ordered by the facility physician following the bite wound on 2/16/22.</p> <p>5. 2/28/22: Client #7 attacked FC#17 and bit her on the right shoulder. FC#17 and client #5 then began to hitting client #7. The clients were separated by staff. The registered nurse applied first aid to the bit wound.</p> <p>-No incident report documented for client #7 consuming toothpaste or body wash as a suicidal or self-harm incident.</p> <p>Interview on 4/18/22 the Licensed Practical Nurse (LPN) #1 stated: -No one had interviewed her about this incident. -She was very upset about what had occurred.</p> <p>Interview on 4/18/22 Staff #2 stated: -She was working 1:1 with FC#17 on 2/28/22 when FC#17 was attacked and bitten by client #7. -She did not think anyone had talked to her about this incident, but could not remember for certain.</p> <p>Interviews on 4/18/22 and 4/19/22 the Chief</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 20040012	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2022
NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546			
(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 366	<p>Continued From page 25</p> <p>Nursing Officer stated:</p> <ul style="list-style-type: none"> -There were no meetings "pulled together" by the Performance Improvement/Risk Manager (PI/RM) in response to incidents on the log. -Review and follow up to client #7's incidents would not be a part of the safety committee review. -The incident log information data was entered by the nursing staff. -The PI/RM was on vacation, but the PI/RM staff confirmed there was no additional incident response information for the incidents that occurred on 2/16/22, 2/19/22, or 2/28/22. <p>This deficiency is cross referenced into 10A NCAC 27G .1901 SCOPE (V314) for a Type A1 rule violation.</p>	V 366			