Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 20040012 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE BRYNN MARR HOSPITAL JACKSONVILLE, NC 28546 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH PROVIDER'S PLAN OF CORRECTION (EACH (X5) COMPLETE PREFIX DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on October 28, 2022. The complaints were unsubstantiated (intake #NC00192913 and #NC00193208). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 18 and currently has a census of 17. The survey sample consisted of audits of 5 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS DHSR - Mental Health AND SUPPLIES (a) A written fire plan for each facility and NOV 28 2022 area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. Lic. & Cert. Section (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. All fire drills and disaster drills shall 11/1/2022 be conducted and documented at least quarterly per each shift (7am-7pm and 7pm-7am) at separate times. Fire and disaster drills are the responsibility of the Director of Plant Operations and This Rule is not met as evidenced by: will be reviewed for compliance in Based on record reviews and interview the facility quarterly Environment of Care/Safety failed to have fire and disaster drills under Committee meetings. Division of Healinslitions that simulate emergencies. The LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

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TMSE11

If continuation sheet 1 of 3

alli Hollis, Monagement and Performance Improvement

Division of Health Service Regulation

	NT OF DEFICIENCIES I OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING:	E CONSTRUCTION	(X3) DATE COME	SURVEY				
		20040012	B. WING		10/2	28/2022				
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE						
BRYNN	BRYNN MARR HOSPITAL 192 VILLAGE DRIVE									
(X4) ID	SUMMARY STATEM	JACKS MENT OF DEFICIENCIES (EACH	ONVILLE, NC		DDECTION (D. O.)	T				
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V 114	Continued From page	ge 1	V 114							
	findings are:									
	During interview on Management and P stated unit staff work and 7pm - 7am, 7 d  Review on 10/25/22 disaster drill docume revealed: - Fire and tornado de 10/21/21 at 1;05 pm - Fire and tornado de 4/18/22 at 11:30 am - Fire drill document 9:00 pm; tornado dri second shift 3/08/33	of the facility's fire and entation for 10/2021 - 10/202 rill documented for first shift rill documented for first shift ed for first shift 3/08/22 at ll also documented for	m							
	7/21/22 at 10:15 am  During interview on	rill documented for first shift . 10/26/22 client #2 stated she								
		10/26/22 client #5 stated she tornado drill since her								
		10/26/22 client #6 stated she in a tornado drill recently.								
	Operations stated: He was responsible conducted and docu Fire drills were "silen announcement was a system that a drill was	t" (with no alarm) but an made on the intercom								

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		20040012	B. WING		10/	28/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, 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)		COMPLETE DATE		
V 114	Continued From pa	ge 2	V 114					
	furthest away from was located. While the clients we drill to be cleared, s with the clients. The time the fire dri documented for both but the drills were so the conceded the drills documented at differ fair for the deficience.  During interview on Management and P stated she understood	the "zone" in which the "fire"  the "zone" in which the "fire"  the lined up waiting for the fire taff conducted a tornado drill  Il was initiated was the fire and tornado drills, the parate drills.  The line is should be separate and the separate and the separate and the separate times but did not think it by to be cited.  The line is the						

Division of Health Service Regulation



November 21, 2022

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

RE: Annual and Complaint Survey completed October 28, 2022

Brynn Marr Hospital, 192 Village Drive, Jacksonville, NC 28546

**MHL# MHH0190** 

Intake #NC00192913 & #NC00193208

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 October 28, 2022. Please contact me directly at (910) 577-2710 with any questions.

Sincerely

Allison Harris, MSW

Director of Risk Management & Performance Improvement

allison.harris@uhsinc.com