Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	=1ED
		20040012	B. WING		02/2	8/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL	192 VILLA				
		JACKSON	VILLE, NC 285	546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	on February 28, 2023 substantiated (intakes	w up survey was completed b. The complaints were b. #NC00196823, NC00197960). Deficiencies				
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 12. The survey sample consisted of audits of 3 current clients and 2 former clients.					
		nally closed on 2/23/23 but 28/23 due to additional				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	SUPERVISION OF P	4 COMPETENCIES AND ARAPROFESSIONALS				
	paraprofessionals.	privileging requirements for shall be supervised by an				
	associate professiona					
	(c) Paraprofessionals knowledge, skills and population served.	abilities required by the				
	then qualified profess	s established by rulemaking, ionals and associate				
		emonstrate competence. Il be demonstrated by ncluding:				

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

TITLE (X6) DATE

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		20040012	B. WING		02	2/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	. ZIP CODE	•	
			LAGE DRIVE	,		
BRYNN M	IARR HOSPITAL	JACKS	ONVILLE, NC 2854	6		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 110	(1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal sk (6) communication (7) clinical skills. (f) The governing be develop and implem	edge; ess; g; iills; skills; and ody for each facility shall ent policies and procedures e individualized supervision	V 110			
	Mental Health Techn demonstrate the kno	t as evidenced by: iews and interviews 1 of 4 icians (MHT #4) failed to wledge, skills and abilities ilation served. The findings				
	revealed: - Hire date 9/26/22 Training included: Milieu Management: Interventions; 9/26/2 1/19/23 Get SMART Advocacy, Recovery During interview on a - If direct care staff s boundaries" protoco - She had worked 1: "never been in the s	9/29/22 Diagnosis Training; and Preventing Hands-On 2: Therapeutic Boundaries; (Safety, Mentoring, and Treatment) Training. 2/20/23 MHT #4 stated: aw clients "crossing sexual I was to "notify a nurse." 1 with client #1, but had ituation when anyone was toward" client #1 or when				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
ANDILAN	or Connection	IDENTIFICATION NOWIBER.	A. BUILDING: _		J CONTIL	-120
		20040012	B. WING		02/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL	192 VILLA	GE DRIVE			
DIXTINIA III	ARTHOUTHAL	JACKSON	VILLE, NC 285	546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	Continued From page	2	V 110			
	client #1 was sexually - She had "been there played to get a reactic - She once put her "c faces" when 2 clients - She was not trained between clients' faces	y aggressive toward a peer. e when they tried; they on." lip board between their were trying to kiss. to put her clip board s.				
	During interview on 2/23/23 the Director of Risk Management and Performance Improvement stated no staff were trained to put clip boards between the faces of clients.					
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	V 133 G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.					
	provider licensed und applicant to fill a position applicant to have an experiment of the applicant to have an experiment of the applicant has been less than five years, the is conditioned on concriminal history record national criminal history include a check of the applicant has been five years or more, the	tion that does not require the occupational license is nt to a State and national dicheck of the applicant. If n a resident of this State for hen the offer of employment sent to a State and national dicheck of the applicant. The				

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STATE FORM 6899 MGKW11 If continuation sheet 3 of 25

Division of	of Health Service Regu	lation			1 Ortivi	ATTROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		20040012	B. WING		02/2	8/2023
					1 02/2	0.1010
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL		AGE DRIVE			
		JACKSO	NVILLE, NC 28	546		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
1/10		,	IAG	DEFICIENCY)		
V/ 122	Oti	2	V 122			
V 133	Continued From page	: 3	V 133			
	check of the applicant	t. A provider shall not				
	employ an applicant v	vho refuses to consent to a				
		d check required by this				
		nerwise provided in this				
		business days of making				
		f employment, a provider				
	•	t to the Department of				
	Justice under G.S. 11					
		d check required by this				
		t a request to a private				
		ate criminal history record				
		s section. Notwithstanding repartment of Justice shall				
		ational criminal history				
		ployment positions not				
	covered by Public Lav					
		and Human Services,				
	Criminal Records Che					
		pipt of the national criminal				
	_	the Department of Health				
	*	Criminal Records Check				
	Unit, shall notify the p	rovider as to whether the				
	information received r	may affect the employability				
	of the applicant. In no	case shall the results of the				
	national criminal histo	ry record check be shared				
	with the provider. Pro	viders shall make available				
		ion that a criminal history				
		leted on any staff covered				
		nty that has adopted an				
		nance and has access to				
		al Information data bank				
		If of a provider a State				
		d check required by this				
		ovider having to submit a				
	request to the Departi	ment of Justice. In such a				

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case, the county shall commence with the State criminal history record check required by this section within five business days of the

conditional offer of employment by the provider.

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		20040012	B. WING		02/2	8/2023
	ROVIDER OR SUPPLIER ARR HOSPITAL	192 VILLAC	RESS, CITY, STA BE DRIVE /ILLE, NC 285			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	provider is confidential except to the applicar (c) of this section. For subsection, the term business regularly encriminal history record records obtained from (c) Action If an application of the following factor hire the applicant: (1) The level and seri (2) The date of the cri (3) The age of the perconviction. (4) The circumstance commission of the cri (5) The nexus between the person and the journal filled. (6) The prison, jail, provider hire the date (7) The subsequent can relevant offense. The fact of conviction shall not be a bar to elisted factors shall be if the provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification of the criminal history applicant. (d) Limited Immunity.	ormation received by the al and may not be disclosed, at as provided in subsection purposes of this purposes of the consider all state agency. It is in determining the me, if known. If the criminal conduct of the duties of the position to be obation, parole, ployment records of the the crime was committed. If of a relevant offense alone employment; however, the considered by the provider. If it is an applicant after elevant factors, then the information contained in cord check that is relevant, but may not provide a copy	V 133	DETICITION 1)		

Division of Health Service Regulation

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		20040012	B. WING		02/2	8/2023
NAME OF F	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		192 VILL	AGE DRIVE			
BRYNN N	ARR HOSPITAL	JACKSO	NVILLE, NC 285	46		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	÷ 5	V 133			
V 133	complies with this sectivil liability for: (1) The failure of the individual on the basist the criminal history re(2) Failure to check a criminal offenses if the history record check is compliance with this section (e) Relevant Offense. "relevant offense" meter federal criminal history indictment of a crime, felony, that bears upon have responsibility for persons needing merer disabilities, or substancimes include the criminal state of the following A General Statutes: Artilesuing Monetary Substancing Executive Article 6, Homicide; A Sex Offenses; Article Kidnapping and Abdul Injury or Damage by Incendiary Device or and Other Housebrea Other Burnings; Article Robbery; Article 18, E False Pretenses and Obtaining Property or Fraudulent Use of Cranticle 19B, Financial Act; Article 20, Fraud 26, Offenses Against Decency; Article 26A.	crion shall be immune from crovider to employ an s of information provided in cord check of the individual. In employee's history of e employee's criminal s requested and received in section. - As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or on an individual's fitness to r the safety and well-being of atal health, developmental fince abuse services. These minal offenses set forth in riticles of Chapter 14 of the ficle 5, Counterfeiting and sostitutes; Article 5A, we and Legislative Officers; article 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary akings; Article 15, Arson and e 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, Services by False or edit Device or Other Means; Transaction Card Crime s; Article 21, Forgery; Article	V 133			

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DIVISION	of Health Service Regu	ialion i	1		ı
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		00040040	B. WING		00/00/0000
		20040012	J		02/28/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		192 VII I	AGE DRIVE		
BRYNN M	ARR HOSPITAL			140	
		JACKSOI	NVILLE, NC 285	946	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(7.0)
PREFIX	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
TAG	NEGOLATORT OR L	ESCIDENTIF TING IN CHIMATION)	TAG	DEFICIENCY)	IIAIL 57112
				,	
V 133	Continued From page	e 6	V 133		
	. •				
		enses Against the Public			
		iots and Civil Disorders;			
	Article 39, Protection	of Minors; Article 40,			
	Protection of the Fam	ily; Article 59, Public			
	Intoxication; and Artic	le 60, Computer-Related			
	Crime. These crimes	also include possession or			
		ion of the North Carolina			
		s Act, Article 5 of Chapter			
		tutes, and alcohol-related			
		to underage persons in			
	violation of G.S. 18B-	• .			
		of G.S. 20-138.1 through			
	G.S. 20-138.5.	0.0. 20-100.1 tillough			
		ing Color Information Any			
		ning False Information Any			
		nent who willfully furnishes,			
		e gives false information on			
		cation that is the basis for a			
	•	d check under this section			
	shall be guilty of a Cla				
		yment A provider may			
	employ an applicant of	conditionally prior to			
	obtaining the results of	of a criminal history record			
	check regarding the a	applicant if both of the			
	following requirement	s are met:			
	(1) The provider shall	not employ an applicant			
		applicant's consent for			
	criminal history record				
	•	section or the completed			
	` ,	equired in G.S. 114-19.10.			
		submit the request for a			
		d check not later than five			
	business days after th				
	-	•			
	conditional employme	•			
		124, ss. 10.19D(c), (h);			
	2005-4, ss. 1, 2, 3, 4,	5(a); 2007-444, s. 3.)			

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	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
			A. BOILDING.			
		20040012	B. WING		02/2	8/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL		GE DRIVE			
	OLINA NA DV. OT		NVILLE, NC 285			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILED TO THE	D BE	(X5) COMPLETE DATE
V 133	Continued From page 7		V 133			
	facility failed to reque background check wi Mental Health Techni: #3) who had been a r less than 5 years at the findings are: Review on 2/17/23 of revealed: - Hire date 11/14/22 Online resume and included employment 4/2022 Online criminal back- No documented evice background check with the same and the same	ews and interviews the st a national criminal th fingerprints for 3 of 4 cians (MHT) (#1, #2, and resident of North Carolina for the time of employment. The MHT #1's personnel record application for employment in another state 11/2021 - aground check 10/24/22. In the defendence of a national criminal th fingerprints.				
	months and had lived	in state for about 5 months. ingerprints for a national				
	revealed: - Hire date 11/14/22 Copy of driver's lice: - Online criminal backincluded address in a - No documented eviduackground check with	dence of a national criminal				
	revealed: - Hire date 9/13/21.	min mo o porsonno record				

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STATE FORM 6899 MGKW11 If continuation sheet 8 of 25

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		20040012	B. WING		02/28/2023
		20040012			02/26/2023
NAME OF PF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BRYNN MA	ARR HOSPITAL		AGE DRIVE NVILLE, NC 285	546	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 133	in another state 3/201	cumentation of employment 8 - 6/2021.	V 133		
	No documented evidence of a national criminal background check with fingerprints. During interview on 2/15/23 MHT #3 stated she				
		rints for a national criminal			
	Management and Per stated the Personnel I the requirement for fir national criminal back	23/23 the Director of Risk formance Improvement Director was not aware of gerprints to be used for ground checks for red in state for less than 5			
V 314	27G .1901 Psych Res	. Tx. Facility - Scope	V 314		
	residential treatment f (b) A PRTF is one that or adolescents who has substance abuse/deprinpatient setting. (c) The PRTF shall prenvironment for children not meet criteria for acrequire supervision ar on a 24-hour basis. (d) Therapeutic intervironment deficits assertional deficits assertional descent's diagnosis	dection apply to psychiatric acilities (PRTF)s. At provides care for children ave mental illness or endency in a non-acute arovide a structured living en or adolescents who do cute inpatient care, but do not specialized interventions arentions shall address ociated with the child or and include psychiatric ized substance abuse and			
	therapeutic intervention designed to address t	ons and services shall be			

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		ETED
		20040012	B. WING		02/2	28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	•	
55000		192 VILLA	GE DRIVE			
BRYNN M	ARR HOSPITAL	JACKSON	IVILLE, NC 285	46		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 314	for whom removal fro community-based rest to facilitate treatment (f) The PRTF shall or individuals and agency adolescent's catchmet (g) The PRTF shall but the following; Joint Coof Healthcare Organiz Accreditation of Rehat Council on. Accreditation accrediting bodies as Medical Assistance Copsychiatric Residentic including subsequent A copy of Clinical Polat no cost from the D	serve children or adolescents m home or a sidential setting is essential coordinate with other cies within the child or ent area. The accredited through one of commission on Accreditation exations; the Commission on abilitation Facilities; the tion or other national set forth in the Division of Elinical Policy Number 8D-1,	V 314			
	failed to provide requ specialized interventi- clients on a 24-hour b	nd record review, the facility ired supervision and ons to ensure the safety of pasis affecting 3 of 3 audited and 2 of 2 audited former				
	(Tag V315). Based o	NCAC 27G .1902 Staff n record reviews and failed to ensure at least 2				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		20040012	B. WING		02/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
RDVNN M	ARR HOSPITAL	192 VILLA	GE DRIVE		
JACKSON			VILLE, NC 285	46	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 314	Continued From page	2 10	V 314		
	direct care staff were children or adolescen	· ·			
	Review on 2/14/23 of - 17 year old female a	client #1's record revealed:			
	- Diagnoses included				
		er (DMDD), Attention Deficit			
		r (ADHD), combined type, Stress Disorder (PTSD)			
	and Post-Traumatic Stress Disorder (PTSD) Documented history of suicidal thoughts,				
	self-harm (cutting), ph				
	-	liance; sexualized behaviors ession and poor judgment.			
	- Client #1 was placed				
	The state of the s	22 for her safety due to her			
	self-injurious behavio	rs.			
	16 year old female aDiagnoses included bipolar type; Major De	client #2's record revealed: admitted 4/24/21. Schizoaffective Disorder, epressive Disorder; and			
	PTSD, chronic Documented history attempts, paranoia, a	of self-harm, suicide nd command hallucinations.			
	Review on 2/14/23 of client #3's record revealed: - 17 year old female admitted 3/25/22 Diagnoses included Bipolar Disorder,				
	type.	SD; and ADHD, combined			
	- Documented history	of elopements; risk taking			
	behaviors; suicidal ide	eation; and sexual trauma.			
	Review on 2/14/23 of former client (FC) #4's record revealed:				
	 15 year old female a discharged 2/01/23. 	aumilieu 1/24/22 and			
	- Diagnoses included	DMDD; Generalized Anxiety ulse Control Disorder; and			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		20040012	B. WING		02/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DDVNN M	ARR HOSPITAL	192 VILLA	GE DRIVE		
DICTION	ARKTIOSPITAL	JACKSON	IVILLE, NC 285	546	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 314	Continued From page	e 11	V 314		
	- Documented history ideations; physical agbehaviors; and impulsing the relations of the control	of suicidal and homicidal agression; self-injurious sivity. n Records" 1/02/23 - 1/31/23 on that FC #4 had visual			
	 17 year old female a discharged 2/11/23. Diagnoses included unspecified; ADHD, u Oppositional Defiant I - Documented history 	Bipolar Disorder, inspecified; and Disorder. of suicide attempt; s; disruptive behaviors;			
	to the North Carolina Improvement System #1, and #2, and FC # - 1/27/23 clients #1, # staff member" (Menta (MHT #1) in an attem to elope;" the staff mearms, and upper body - Client #1 "was on 1: the incident and rema" - Client #2 was placed - FC #4 was placed of	1/1/23 - 2/14/23 for clients 4 revealed: 42, and FC #4 "attacked a all Health Technician #1) pt to "take her keys in order ember was "hit in the head, y." 1 observation level prior to ains on 1:1 observation level d on "unit restriction." n "unit restriction due to			
	Justice) and DSS (De Services) involvement verbalize intent to hard - 1/28/23 clients #1, # verbally aggressive to redirected from tampor	DJJ (Department of Juvenile epartment of Social it as she continues to it " 2 became physically and oward staff after being ering with "fire sprinklers #1 stated she wanted "to			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		20040012	B. WING		02/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RDVNN M	ARR HOSPITAL	192 VILLA	GE DRIVE		
DICTION	AKKTIOSFITAL	JACKSON	VILLE, NC 285	546	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 314	toward FC#5; FC #4 scontinue such behavidischarged from PRT - 1/03/23 FC #4 becatoward House Superventing, and spitting and pulled staff hair." Review on 2/22/23 of Audit" for January 20: #4 did not receive 1:1 During interview on 2 - She was placed on December 2022 becatoundaries" and she to choke myself a couwas watching, but did - She and client #2 ar #1. - MHT #1 was her 1:1 incident. - She and her peers we facility keys to elope.	me physically aggressive stated she intended to ors in an effort to "be F to Juvenile Detention." me physically aggressive visor #1; "hitting, kicking, g food and saliva on staff the facility "One-to-One 23 revealed client #2 and FC supervision. 15/23 client #1 stated: 1:1 supervision in suse she doesn't "have good tries to hurt herself; "I tried uple of weeks ago. My 1:1 In't see. I stopped myself." and FC #4 "attacked" MHT staff at the time of the wanted to get MHT #1's and through her pockets, that	V 314		
	- At the time of the inc	cident other staff "came way" but she could not			
	recall how many staff	responded.			
	- MHT #1 pressed cha				
		ncounter with a peer "in oesn't go on anymore."			
	- She and client #1 ar because they "wanted - The attack "was [FC				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
	D. WING					
		20040012	B. WING		02/2	8/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN MARR HOSPITAL						
	JACKSON		VILLE, NC 285	546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 314	Continued From page	e 13	V 314			
	a code and staff were hitting [MHT #1] beca I never wanted to he - She wanted to apole "was in the hospital we - "We all put our hand - "Staff came up behing just started beating or - "I think she (MHT #1 happen because she her." - "There was no one if the she had not seen and between clients. - "I think the ones that discharged and it's because she thought the require 2 staff per 6 clients. - There were usually the same staff per 6 clients.	ogize but she heard MHT #1 vith a concussion." ds on her." nd me and touched me I n her " 1) knew it was about to didn't have her keys on in the hall except for us."				
	- She was not involve MHT #1 was attacked from her peers when attack staff to get key - She was involved in and clients #1, #2, an - "They were trying to verbally telling us we - She was kissing clie was trying to separate - She could not remei	an incident in which she d FC #4 were kissing. pull us apart and were needed to stop." ent #1; client #1's 1:1 staff e and verbally redirect them. mber any other incidents of ring the month of January				

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- None of her peers had been sexually aggressive

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STATEMEN	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING			
		20040012	B. WING		02/	28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL		AGE DRIVE			
	T	JACKSO	NVILLE, NC 285			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 314	Continued From page	e 14	V 314			
	toward her She was currently 1 scratched herself with - There were suppose with 12 clients.					
	hair, but she "probable something." - "It was [client #1's] i - She wanted to "wait restriction to go outside." - "I told [client #1] to go and I would go for the any keys on her. [Client and pinned her again started hitting her and get keys" - There were no staff the incident; staff wer "lounge." - She was not 1:1 at the company control on the staff were unaware.	tting FC #5 or pulling her y threw a shoe at her or dea to attack [MHT #1]." tuntil we were off unit de and jump the fence." grab her [MHT #1's] arms keys, but she didn't have ent #1] poured water on her st the wall and [client #2] d I went for her pockets to in the hallway at the time of the with clients in the the time of the incident. on 1:1 because I hit my 1:1 to a violation of my privacy." of sexual behaviors				
	quiet room; they do it at night; nobody be p During interview on 2 - She was working 1: - Client #2 and FC #4 they had been "whisp morning;" she attemp did not respond "All 3 of them jumpe	sexual behaviors "in the in the lounge; in bedrooms aying attention." //20/23 MHT #1 stated: 1 with client #1 on 1/27/23. 2 approached client #1 and pering to each other all ted to redirect them but they				

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STATE FORM 6899 MGKW11 If continuation sheet 15 of 25

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY	Y
			A. BUILDING			
		20040012	B. WING		02/28/202	23
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL	192 VILLA	GE DRIVE			
		JACKSON	VILLE, NC 285	546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COI	(X5) MPLETE DATE
V 314	Continued From page	e 15	V 314			
V 314	- During the incident sand suffered a concustant sate only staff worder was the only staff worder of the staff assigned as in the hall at the time staff were in the lounger of the staff were say. They pretty in do." - "We don't know what the say. They pretty in do." - "We don't know what the say. They pretty in do." - "We don't know what the say. They pretty in do." - "We don't know what the say. They pretty in do." - "We don't know what the say." - "A louring interview on 2 staff putting hands or resort." - "A lot of our staff do patients say it's their if we put hands on." - "People are afraid to During interview on 2 and staff like we never."	she hit her head on the wall ssion. MHTs working that day; she rking 1:1. It is "hall monitor" was present of the incident, but the other ge with the other clients. Dached a 1:1 client, the only slid do was provide verbal onestly don't even care what much do what they want to set to do anymore." 1/21/23 House Supervisor #1 2 incidents with FC #4, but the dates. If client ratio of 1:3. If e expected to keep the arated. Every patient safe." In clients was the "last on the right to call Disability Rights of put hands on the patients." 1/20/23 the Therapist stated: have enough staff on the last enough to be in ratio, but	V 314			
	building." - "We have just enough ratio, but not enough need an escort (for a	gh (direct care staff) to be in that we can do our jobs. If I client) I have to page assistance and usually wait				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLET	ED
		20040012	B. WING		02/28/	/2023
NAME OF P	ROVIDER OR SUPPLIER			TE ZID CODE	1 02/20/	2023
NAME OF T	NOVIDEN ON 3011 EIEN		GE DRIVE	IL, ZII GODE		
BRYNN M	ARR HOSPITAL		IVILLE, NC 285	646		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE	COMPLETE DATE
V 314	Continued From page	e 16	V 314			
	residential unit or the - The Therapists were conduct therapy sess	e recently directed to ions "in the gym, the rec a classroom" for safety, but				
	Management and Pe stated: - Each client had a Pe multi-disciplinary trea the clients' individual - FC #4 was involuntate to the Licensee's Acu-Additional staff were to meet the required set the "Physical Aggree".	arily committed and admitted te Care unit on 2/01/23. a added to coverage 2/23/23				
	2/28/23 and signed b Management and Pe the Chief Executive C - "What immediate ac ensure the safety of t Immediately upon no 2023, additional staff residential unit to mai including the nurse. sheet was provided p Memos about the rati have been posted in time clocks Describe your plans happens. Training of requirements began of	rformance Improvement and Officer (CEO) revealed: stion will the facilty take to he consumers in your care? tification on February 23, members were added to the intain ratio of 2:6, not An updated Assignment rior to the survey exit. o not including the nurse the nursing station and at all				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		20040012	B. WING		02	2/28/2023
NAME OF D				710.0005	1 02	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
BRYNN M	ARR HOSPITAL		AGE DRIVE	2		
			NVILLE, NC 2854			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 314	Continued From page	e 17	V 314			
V 314	Coordinator responsilensures the ratio is more census and observation the assistance of the weekends and evening House Supervisors or round the unit. Staffing operations meetings Nursing Officer) and Incorporations meetings Nursing Officer) and Disorder Hyperactivity Disorder Disorder, Impulse Coordington Disorder, Impulse Coordington Schizological Schizo	ble for the daily schedule raintained per the unit on level on a daily basis with House Supervisor on ags. Staffing is verified by an Nurse Managers who ag is reviewed during daily by the CEO, CNO (Chief Risk Manager." If Former Client #4 had add Disruptive Mood ar, Attention Deficit ar, Post Traumatic Stress antrol Disorder, Bi-Polar affective Disorder. The add histories of physical ous behaviors, elopements, sexualized behaviors and ats #1, #2, and FC #4 were acidents of physical lity. During one of the seasaulted by clients #1, #4 and sustained a chospitalized. Clients #1, #2, charges filed against them dent; FC #4 also had legal her for a previous incident threatened and pulled FC 23 - 2/14/23 the required and pulled FC 23 - 2/14/23 the required and pulled FC 25 - 2/14/23 the required and pulled FC 26 was not met shifts. During the month of collents #1, #2, #3 and FC of the incidents. The adequate staffing at all afety of the clients and staff	V 314			
		ventive measures and ons to meet client needs. Itutes a Type A1 rule				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		20040012	B. WING		02	2/28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BRYNN M	IARR HOSPITAL		AGE DRIVE DNVILLE, NC 2854	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 314	violation for serious be corrected within 2 penalty of \$3000.00 not corrected within	narm and neglect and must 23 days. An administrative is imposed. If the violation is 23 days, an additional by of \$500.00 per day will be y the facility is out of	V 314			
V 315	physician board-eliging psychiatry or a gene experience in the trest adolescents with me (b) At all times, at less members shall be pror adolescents in eact) If the PRTF is how specifically assigned responsibilities sepalan acute medical unit (d) A psychiatrist should be consultation to review or adolescent admitted.	D2 STAFF III be under the direction a ble or certified in child ral psychiatrist with atment of children and ntal illness. ast two direct care staff esent with every six children ch residential unit. espital based, staff shall be to this facility, with rate from those performed on it or other residential units. all provide weekly w medications with each child ed to the facility. provide 24 hour on-site	V 315			
	facility failed to ensu	iews and interviews the re at least 2 direct care staff ery 6 children or adolescents				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		20040012	B. WING		0.5	2/28/2023
NAME OF F	PROVIDER OR SUPPLIER		.DDRESS, CITY, STATE	ZIR CODE	1 02	
NAIVIE OF F	NOVIDER OR SUFFLIER		AGE DRIVE	, ZIF CODE		
BRYNN M	IARR HOSPITAL		ONVILLE, NC 2854	6		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 315	Continued From page	e 19	V 315			
	facility's "Daily Assign 2/14/23 revealed: - Facility census as for 16 clients 1/01/23 15 clients 1/22/23 15 clients 2/01/23 15 clients 2/01/23 shift 14 clients 2/04/23 14 clients 2/10/23 shift 13 clients 2/11/23 shift 12 clients 2/11/23 shift 12 clients 2/11/23 shift 12 clients 2/11/23 shift 12 clients 2/13/23 evening shift. - 1/01/23 - 1/31/23: 5 direct care staff for even adolescents at all times 1/2/14/23 1/2/14/23 1/2/14/23 1/2/14/23 1/2/14/23 1/2/14	- 1/21/23 day shift evening shift - 2/01/23 day shift evening shift - 2/03/23 day evening shift day shift - 2/10/23 day shift evening shift - 2/11/23 day evening shift - 2/13/23 day evening shift - 2/14/23 9 of 62 shifts had less than 2 very 6 children or es. 1 of 28 shifts had less than 2 very 6 children or				
	facility's "Daily Assign 1/21/23 revealed: - 1/03/23 evening shi clients on the unit: 1 1:1; 4 direct care staf 7:00 am; 2 direct care 7:00 pm - 11:00 pm a Registered Nurse. - 1/05/23 day shift (7: on the unit: 1 direct c direct care staff assig pm; one direct care s	2/17/23, and 2/23/23 of the nment Sheets" 1/01/23 - ft (7:00 pm - 7:00 am) 16 direct care staff assigned ff assigned to work 7:00 pm - e staff worked a split shift, and 11:00 pm - 3:00 am; 1 100 am - 7:00 pm) 16 clients are staff assigned 1:1; 4 yned to work 7:00 am - 7:00 taff assigned to work 8:00 ct care staff assigned to work ent while awake).				

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
		20040012	B. WING		02/	28/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		192 VILL	AGE DRIVE			
BRYNN M	ARR HOSPITAL	JACKSOI	NVILLE, NC 285	46		
	OUR MAA FOX OT		·		CORRECTION	T
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCED TO DEFICIENCED TO TO DEFICIENCED TO TO TO THE PROVIDER OF THE PROVIDER	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 315	Continued From page	e 20	V 315			
	4/07/00 day abiff 40	alianta an tha unit. A aliant				
		clients on the unit: 1 direct				
	_	:1; 3 direct care staff (2				
	Mental Health Techni					
		nsed Vocational Nurse)				
	_	0 am - 7:00 pm; 2 staff split				
		00 pm and 1:00 pm - 7:00				
	pm; 1 Registered Nui	rse.				
		clients on the unit: 2 direct				
	care staff assigned to	work 1:1; 2 direct care staff				
	assigned to work 7:00	0 am - 7:00 pm; 2 direct care				
	staff split the shift 7:0	00 am - 3:00 pm and 3:00 pm				
	- 7:00 pm; 2 direct ca	re staff split the shift 7:00				
	am - 9:00 am and 9:0					
	Registered Nurse.	,				
	•	clients on unit; 3 direct care				
	_	k 1:1 7:00 am - 7:00 pm; 4				
	direct care staff assig	ned to work 7:00 am - 7:00				
	pm; 1 Registered Nu					
		y shift, 16 clients on the unit;				
		signed to work 1:1 7:00 am -				
		e staff assigned to work 7:00				
		direct care staff assigned to				
		pm; 1 Registered Nurse.				
		6 clients on unit: 4 direct care				
	staff assigned to worl	k 1:1 7:00 am - 7:00 pm; 1				
	_	ned to work 1:1 7:00 am -				
	11:45 am; 2 direct ca	re staff assigned to work				
	7:00 am - 7:00 pm; 3	direct care staff split a shift				
	from 11:45 am - 7:00	pm; 1 Registered Nurse.				
	Review on 2/14/23 of	level II incident reports				
	completed by the fac					
	revealed:					
	- 1/03/23 7:25 pm Fo	rmer Client #4 (FC #4) hit,				
		it on, and pulled House				
	Supervisor (HS) #1's					
		; #4 hit, kicked, and pulled				
	FC#5's hair and hit a					
		ient #1. client #2 and FC #4				

Division of Health Service Regulation

attacked Mental Health Technician #1 (MHT #1)

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Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		00040040	B. WING		00/00/000
		20040012	B: ********		02/28/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
		192 VILL	AGE DRIVE		
BRYNN M	ARR HOSPITAL	JACKSO	NVILLE, NC 285	546	
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTION	N (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(-/
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE	RIATE DATE
				DEFICIENCY)	
V 315	Continued From page	21	V 315		
* 0.0	Continued From page	, 21	1010		
	in an attempt to get h	er keys to elope.			
	Paviow on 2/20/23 of	a facility "Sexual Acting Out			
		January 2023 revealed:			
		ed the curtain when client			
	#3 was using the rest				
		encouraging client #1 to			
		ercourse" with a peer; client			
	#1 was with 1:1 staff.	ercourse with a peer, cheft			
		2, #3 and FC #4 became			
		erbally aggressive toward			
		ng hands ran up and down			
		ad peer (client #3) sit on her			
		s "1:1 observation level;"			
		on "Unit Restriction and			
	=	had sexual aggression			
		.;" client #3 was on "			
	sexual aggression an				
	aggression precaution				
		ne time of the incident and			
		also placed on Unit			
		#4 was "on assault and			
		ecautions. Place on Unit			
		s precaution for safety."			
	•	sed client #3 "in front of 1:1			
	staff" and then expos	ed her breast to client #3;			
		ual aggression precautions			
		atient observation level			
	•	exual aggression and victim			
		precautions. Patient is on			
	Unit Restriction "				
		2, #3 and FC #4 went into			
		began to kiss; client #1			
		ssion precautions and			
	remains on 1:1 obser				
	Paviow on 2/20/22	a facility "Dhysical			
	Review on 2/20/23 of				
		r January 2023 revealed:			
		olice department] plans to			
	iorward petition for as	sault to DJJ (Department of			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING B. WING BRYNN MARR HOSPITAL (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING BRYNN MARR HOSPITAL (X3) DATE SURVEY COMPLETED (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG DATE (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X3) DATE SURVEY COMPLETED (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (X2) DATE (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X5) COMPLETED (X6) COMPLETED (X6) COMPLETED (X7) ID PREFIX COMPLETED (X6) COMPLETED (X7) ID PREFIX COMPLETED (X6) COMPLETED (X7) ID PREFIX COMPLETED (X7) ID PREFIX COMPLETED (X6) COMPLETED (X7) ID PREFIX COMPLETED (X8) DATE SURVEY (X8) DATE SURVEY (X1) DATE SU
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BRYNN MARR HOSPITAL 192 VILLAGE DRIVE JACKSONVILLE, NC 28546 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546 (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
BRYNN MARR HOSPITAL 192 VILLAGE DRIVE JACKSONVILLE, NC 28546
CALCE CALC
CACH DEFICIENCY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE DATE
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 315 Continued From page 22 Juvenile Justice) for incident" for clients #1, #2,
V 315 Continued From page 22 V 315 Juvenile Justice) for incident" for clients #1, #2,
Juvenile Justice) for incident" for clients #1, #2,
Juvenile Justice) for incident" for clients #1, #2,
- 1/28/23 FC #4 was involved in the incident in
which clients #1 and #2 were physically and
verbally aggressive toward staff and tampered
with the fire sprinklers and exit signs.
- 1/07/23 11:45 am FC #4 forced her way "partly
into the nurses station ripping down papers on
the back of the door attempting to push past
staff to enter "
- 1/03/23 7:25 pm FC #4 " out of control
attempting elopement multiple times throughout
the day rushing staff as they tried to enter or
exit the unit, packed peer's clothing in a blanket
and carried it around the unit, threatened to jump
other peers if they did not do what she said, stuck safety paperclip in the lock so staff could not use
that exit, took staff radio and called multiple
codes across the hospital "
codes across the hospital
During interview on 2/20/23 MHT #2 stated:
- The facility's staffing pattern was 3 clients to 1
staff.
- There were "lots of staffing issues."
- Nurses were counted in the ratio "but most of
them stay in the nurses' station" unless needed to
provide coverage for an MHT to take a break.
- She did not think there were enough MHT's in
the facility.
During interview on 2/21/23 HS #1 stated:
- The unit's staff to client ratio was 1:3.
- If a code was called due to client behavior staff
responded from other areas of the hospital.
During interview on 2/21/23 HS #2 stated:
- The number of MHT's on the unit depended on
the number of clients present.
- The unit's census was presently 12 clients; there

were 4 staff with 3 clients to each staff.

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		20040012	B. WING		02/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
RDVNN M	ARR HOSPITAL	192 VILLA	AGE DRIVE			
DKI NN W	ARR HOSPITAL	JACKSOI	NVILLE, NC 2854	46		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	TE
V 315	Continued From page	e 23	V 315			
	- Staff assigned to pro not included in the ra - The ratio included n usually in the nurses'	ovide 1:1 supervision were				
	- "I feel like we never unit; we either have ju not enough to escort building." - "We have just enough need an escort (for a overhead to request a 30 - 45 minutes, whice The Therapists' office residential unit or the Therapists were conduct therapy sessions."	gh (direct care staff) to be in that we can do our jobs. If I client) I have to page assistance and usually wait the cuts into sessions" ces were not close to the school facility. The recently directed to close into the gym, the recent a classroom" for safety, but				
	Management and Pe stated: - Information regardir ratio was posted in th - Multiple memoranda client ratio were circu requirement was inclusigned an attestation requirement was 2:6 - "That's what got us - "I guess we were coratio." - Licensed Practical N	a explaining the 2 staff to 6 lated to staff; the 2:6 ratio uded in orientation and staff acknowledging the ratio and not 1:3.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
20040012		B. WING	B. WING		02/28/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
BRYNN MARR HOSPITAL 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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETE D THE APPROPRIATE DATE		
V 315	were counted in the ra- A "hall monitor" was the incident on 1/27/2 - Additional staff were on 2/23/23 in order to This deficiency is cro NCAC 27G .1901 Sco	atio. added to coverage prior to	V 315				

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