

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 02/28/2023
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NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546
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V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on February 28, 2023. The complaints were substantiated (intakes #NC00196823, #NC00197887 and #NC00197960). 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 12. The survey sample consisted of audits of 3 current clients and 2 former clients.</p> <p>This survey was originally closed on 2/23/23 but was re-opened on 2/28/23 due to additional information provided.</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p>	V 110		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 110	<p>Continued From page 1</p> <p>(1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews 1 of 4 Mental Health Technicians (MHT #4) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/20/23 of MHT #4's personnel record revealed: - Hire date 9/26/22. - Training included: 9/29/22 Diagnosis Training; Milieu Management: and Preventing Hands-On Interventions; 9/26/22: Therapeutic Boundaries; 1/19/23 Get SMART (Safety, Mentoring, Advocacy, Recovery and Treatment) Training.</p> <p>During interview on 2/20/23 MHT #4 stated: - If direct care staff saw clients "crossing sexual boundaries" protocol was to "notify a nurse." - She had worked 1:1 with client #1, but had "never been in the situation when anyone was sexually aggressive toward" client #1 or when</p>	V 110		

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V 110	Continued From page 2 client #1 was sexually aggressive toward a peer. - She had "been there when they tried; they played to get a reaction." - She once put her "clip board between their faces" when 2 clients were trying to kiss. - She was not trained to put her clip board between clients' faces. 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 110		
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. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record	V 133		

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V 133	<p>Continued From page 3</p> <p>check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a 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 .</p>	V 133		

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V 133	<p>Continued From page 4</p> <p>All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith,</p>	V 133		

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V 133	<p>Continued From page 5</p> <p>complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public</p>	V 133		

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V 133	<p>Continued From page 6</p> <p>Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to request a national criminal background check with fingerprints for 3 of 4 Mental Health Technicians (MHT) (#1, #2, and #3) who had been a resident of North Carolina for less than 5 years at the time of employment. The findings are:</p> <p>Review on 2/17/23 of MHT #1's personnel record revealed: - Hire date 11/14/22. - Online resume and application for employment included employment in another state 11/2021 - 4/2022. - Online criminal background check 10/24/22. - No documented evidence of a national criminal background check with fingerprints.</p> <p>During interview on 2/20/23 MHT #1 stated: - She had worked at the facility for about 3 months and had lived in state for about 5 months. - She did not submit fingerprints for a national criminal background check prior to her employment.</p> <p>Review on 2/20/23 of MHT #2's personnel record revealed: - Hire date 11/14/22. - Copy of driver's license from another state. - Online criminal background check 10/20/22 included address in another state. - No documented evidence of a national criminal background check with fingerprints.</p> <p>Review on 2/15/23 of MHT #3's personnel record revealed: - Hire date 9/13/21.</p>	V 133		

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V 133	<p>Continued From page 8</p> <ul style="list-style-type: none"> - Resume included documentation of employment in another state 3/2018 - 6/2021. - No documented evidence of a national criminal background check with fingerprints. <p>During interview on 2/15/23 MHT #3 stated she did not submit fingerprints for a national criminal background check prior to employment.</p> <p>During interview on 2/23/23 the Director of Risk Management and Performance Improvement stated the Personnel Director was not aware of the requirement for fingerprints to be used for national criminal background checks for applicants who had lived in state for less than 5 years.</p>	V 133		
V 314	<p>27G .1901 Psych Res. Tx. Facility - Scope</p> <p>10A NCAC 27G .1901 SCOPE</p> <p>(a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.</p> <p>(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.</p> <p>(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.</p> <p>(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</p>	V 314		

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V 314	<p>Continued From page 9</p> <p>community setting.</p> <p>(e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.</p> <p>(f) The PRTF shall coordinate with other 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 3 of 3 audited clients (#1, #2, #3).and 2 of 2 audited former clients (#4, #5). The findings are:</p> <p>Cross Reference 10A NCAC 27G .1902 Staff (Tag V315). Based on record reviews and interviews the facility failed to ensure at least 2</p>	V 314		

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V 314	<p>Continued From page 10</p> <p>direct care staff were present with every 6 children or adolescents at all times.</p> <p>Review on 2/14/23 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 17 year old female admitted 3/24/22. - Diagnoses included Disruptive Mood Dysregulation Disorder (DMDD), Attention Deficit Hyperactivity Disorder (ADHD), combined type, and Post-Traumatic Stress Disorder (PTSD). - Documented history of suicidal thoughts, self-harm (cutting), physical aggression; medication non-compliance; sexualized behaviors including sexual aggression and poor judgment. - Client #1 was placed on continuous 1:1 supervision on 12/08/22 for her safety due to her self-injurious behaviors. <p>Review on 2/14/23 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 16 year old female admitted 4/24/21. - Diagnoses included Schizoaffective Disorder, bipolar type; Major Depressive Disorder; and PTSD, chronic. - Documented history of self-harm, suicide attempts, paranoia, and command hallucinations. <p>Review on 2/14/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 17 year old female admitted 3/25/22. - Diagnoses included Bipolar Disorder, unspecified type; PTSD; and ADHD, combined type. - Documented history of elopements; risk taking behaviors; suicidal ideation; and sexual trauma. <p>Review on 2/14/23 of former client (FC) #4's record revealed:</p> <ul style="list-style-type: none"> - 15 year old female admitted 1/24/22 and discharged 2/01/23. - Diagnoses included DMDD; Generalized Anxiety Disorder; PTSD; Impulse Control Disorder; and ADHD. 	V 314		

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V 314	<p>Continued From page 11</p> <ul style="list-style-type: none"> - Documented history of suicidal and homicidal ideations; physical aggression; self-injurious behaviors; and impulsivity. - "Patient Observation Records" 1/02/23 - 1/31/23 included documentation that FC #4 had visual checks every 15 minutes, but was not 1:1 supervision.. <p>Review on 2/14/23 of FC #5's record revealed:</p> <ul style="list-style-type: none"> - 17 year old female admitted 7/01/22 and discharged 2/11/23. - Diagnoses included Bipolar Disorder, unspecified; ADHD, unspecified; and Oppositional Defiant Disorder. - Documented history of suicide attempt; depressive symptoms; disruptive behaviors; elopement; and manipulation. <p>Review on 2/14/23 of incident reports submitted to the North Carolina Incident Response Improvement System 1/1/23 - 2/14/23 for clients #1, and #2, and FC #4 revealed:</p> <ul style="list-style-type: none"> - 1/27/23 clients #1, #2, and FC #4 "attacked a staff member" (Mental Health Technician #1) (MHT #1) in an attempt to "take her keys in order to elope;" the staff member was "hit in the head, arms, and upper body." - Client #1 "was on 1:1 observation level prior to the incident and remains on 1:1 observation level . . ." - Client #2 was placed on "unit restriction." - FC #4 was placed on "unit restriction due to elopement concern. DJJ (Department of Juvenile Justice) and DSS (Department of Social Services) involvement . . . as she continues to verbalize intent to harm staff and elope . . ." - 1/28/23 clients #1, #2 became physically and verbally aggressive toward staff after being redirected from tampering with "fire sprinklers and exit signs;" client #1 stated she wanted "to 	V 314		

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V 314	<p>Continued From page 12</p> <p>catch charges."</p> <ul style="list-style-type: none"> - 1/07/23 FC #4 became physically aggressive toward FC#5; FC #4 stated she intended to continue such behaviors in an effort to "be discharged from PRTF to Juvenile Detention." - 1/03/23 FC #4 became physically aggressive toward House Supervisor #1; "hitting, kicking, punching, and spitting food and saliva on staff and pulled staff hair." <p>Review on 2/22/23 of the facility "One-to-One Audit" for January 2023 revealed client #2 and FC #4 did not receive 1:1 supervision.</p> <p>During interview on 2/15/23 client #1 stated:</p> <ul style="list-style-type: none"> - She was placed on 1:1 supervision in December 2022 because she doesn't "have good boundaries" and she tries to hurt herself; "I tried to choke myself a couple of weeks ago. My 1:1 was watching, but didn't see. I stopped myself." - She and client #2 and FC #4 "attacked" MHT #1. - MHT #1 was her 1:1 staff at the time of the incident. - She and her peers wanted to get MHT #1's facility keys to elope. - "I didn't hit her, I went through her pockets, that was about it. I didn't hit her." - At the time of the incident other staff "came running down the hallway" but she could not recall how many staff responded. - MHT #1 pressed charges against her. - She had a sexual encounter with a peer "in December, but that doesn't go on anymore." <p>During interview on 2/15/23 client #2 stated:</p> <ul style="list-style-type: none"> - She and client #1 and FC #4 attacked MHT #1 because they "wanted to run." - The attack "was [FC #4's] idea"; client #1 poured water on MHT #1 and FC #4 was "going 	V 314		

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NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546
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V 314	<p>Continued From page 13</p> <p>through her pockets to get her keys. They called a code and staff were holding me back. I started hitting [MHT #1] because she was in front of me . . . I never wanted to hurt her."</p> <ul style="list-style-type: none"> - She wanted to apologize but she heard MHT #1 "was in the hospital with a concussion." - "We all put our hands on her." - "Staff came up behind me and touched me . . . I just started beating on her . . ." - "I think she (MHT #1) knew it was about to happen because she didn't have her keys on her." - "There was no one in the hall except for us." - She had not seen any sexual behaviors between clients. - "I think the ones that started that have been discharged and it's been pretty good now . . ." - She thought the required staff to client ratio was 2 staff per 6 clients. - There were usually "2 nurses and 4 or 5 MHTs" on the unit, but "it depends on how many are on 1:1." <p>During interview on 2/20/23 client #3 stated:</p> <ul style="list-style-type: none"> - She was not involved in the incident in which MHT #1 was attacked; she separated herself from her peers when she learned of their plan to attack staff to get keys. - She was involved in an incident in which she and clients #1, #2, and FC #4 were kissing. - "They were trying to pull us apart and were verbally telling us we needed to stop." - She was kissing client #1; client #1's 1:1 staff was trying to separate and verbally redirect them. - She could not remember any other incidents of sexual aggression during the month of January 2023. - Her sexual encounters with peers were consensual. - None of her peers had been sexually aggressive 	V 314		

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V 314	<p>Continued From page 14</p> <p>toward her.</p> <ul style="list-style-type: none"> - She was currently 1:1 for self-harm; she scratched herself with her fingernails. - There were supposed to be 5 staff on the unit with 12 clients. <p>During interview on 2/15/23 FC #4 stated:</p> <ul style="list-style-type: none"> - She did not recall hitting FC #5 or pulling her hair, but she "probably threw a shoe at her or something." - "It was [client #1's] idea to attack [MHT #1]." - She wanted to "wait until we were off unit restriction to go outside and jump the fence." - "I told [client #1] to grab her [MHT #1's] arms and I would go for the keys, but she didn't have any keys on her. [Client #1] poured water on her and pinned her against the wall and [client #2] started hitting her and I went for her pockets to get keys . . ." - There were no staff in the hallway at the time of the incident; staff were with clients in the "lounge." - She was not 1:1 at the time of the incident. - "They don't put me on 1:1 because I hit my 1:1 because I feel like it's a violation of my privacy." - Staff were unaware of sexual behaviors because "they barely watch us." - Clients engaged in sexual behaviors "in the quiet room; they do it in the lounge; in bedrooms at night; nobody be paying attention." <p>During interview on 2/20/23 MHT #1 stated:</p> <ul style="list-style-type: none"> - She was working 1:1 with client #1 on 1/27/23. - Client #2 and FC #4 approached client #1 and they had been "whispering to each other all morning;" she attempted to redirect them but they did not respond. - "All 3 of them jumped on me." - The incident occurred in the main hallway near the unit entrance. 	V 314		

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V 314	<p>Continued From page 15</p> <ul style="list-style-type: none"> - During the incident she hit her head on the wall and suffered a concussion. - There were 4 other MHTs working that day; she was the only staff working 1:1. - The staff assigned as "hall monitor" was present in the hall at the time of the incident, but the other staff were in the lounge with the other clients. - If other clients approached a 1:1 client, the only thing the 1:1 staff could do was provide verbal redirection. - "At this point they honestly don't even care what we say. They pretty much do what they want to do." - "We don't know what to do anymore." <p>During interview on 2/21/23 House Supervisor #1 stated:</p> <ul style="list-style-type: none"> - She was involved in 2 incidents with FC #4, but she could not recall the dates. - The facility had a staff client ratio of 1:3. - Direct care staff were expected to keep the clients physically separated. - "Our job is to keep every patient safe." - Staff putting hands on clients was the "last resort." - "A lot of our staff don't want to put hands on; the patients say it's their right to call Disability Rights if we put hands on." - "People are afraid to put hands on the patients." <p>During interview on 2/20/23 the Therapist stated:</p> <ul style="list-style-type: none"> - "I feel like we never have enough staff on the unit; we either have just enough to be in ratio, but not enough to escort patients around the building." - "We have just enough (direct care staff) to be in ratio, but not enough that we can do our jobs. If I need an escort (for a client) I have to page overhead to request assistance and usually wait 30 - 45 minutes, which cuts into sessions" 	V 314		

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V 314	<p>Continued From page 16</p> <ul style="list-style-type: none"> - The Therapists' offices were not close to the residential unit or the school facility. - The Therapists were recently directed to conduct therapy sessions "in the gym, the rec (recreation) room, or a classroom" for safety, but the change "helps with the ratio and staff escorts." <p>During interview on 2/20/23 the Director of Risk Management and Performance Improvement stated:</p> <ul style="list-style-type: none"> - Each client had a Person Centered Plan and a multi-disciplinary treatment plan that addressed the clients' individual needs. - FC #4 was involuntarily committed and admitted to the Licensee's Acute Care unit on 2/01/23. - Additional staff were added to coverage 2/23/23 to meet the required staff client ratio. - The "Physical Aggression" and "Sexual Acting Out Allegations" reports were the facility's level 1 incident reports. <p>Review on 2/28/23 of the Plan of Protection dated 2/28/23 and signed by the Director of Risk Management and Performance Improvement and the Chief Executive Officer (CEO) 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? Immediately upon notification on February 23, 2023, additional staff members were added to the residential unit to maintain ratio of 2:6, not including the nurse. An updated Assignment sheet was provided prior to the survey exit. Memos about the ratio not including the nurse have been posted in the nursing station and at all time clocks. - Describe your plans to make sure the above happens. Training of staff on PRTF ratio requirements began on February 23, 2023, confirmed with written attestations. The Staffing 	V 314		

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V 314	<p>Continued From page 17</p> <p>Coordinator responsible for the daily schedule ensures the ratio is maintained per the unit census and observation level on a daily basis with the assistance of the House Supervisor on weekends and evenings. Staffing is verified by House Supervisors or Nurse Managers who round the unit. Staffing is reviewed during daily operations meetings by the CEO, CNO (Chief Nursing Officer) and Risk Manager."</p> <p>Clients #1,#2, #3, and Former Client #4 had diagnoses that included Disruptive Mood Dysregulation Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Impulse Control Disorder, Bi-Polar Disorder, and Schizoaffective Disorder. The clients had documented histories of physical aggression, self-injurious behaviors, elopements, suicide attempts and sexualized behaviors and sexual trauma. Clients #1, #2, and FC #4 were involved in multiple incidents of physical aggression in the facility. During one of the incidents MHT #1 was assaulted by clients #1, #2, and former client #4 and sustained a concussion and was hospitalized. Clients #1, #2, and FC #4 had legal charges filed against them as a result of the incident; FC #4 also had legal charges filed against her for a previous incident during which she hit, threatened and pulled FC #5's hair. From 1/01/23 - 2/14/23 the required direct care staff to client ratio of 2:6 was not met for 80 of 90 possible shifts. During the month of January 2023, the facility reported 8 incidents of sexual acting out, with clients #1, #2, #3 and FC #4 being involved in 7 of the incidents. The facility failed to ensure adequate staffing at all times to ensure the safety of the clients and staff and to implement preventive measures and specialized interventions to meet client needs. This deficiency constitutes a Type A1 rule</p>	V 314		

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V 314	Continued From page 18 violation for serious harm and neglect and must be corrected within 23 days. An administrative penalty of \$3000.00 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 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 reviews and interviews the facility failed to ensure at least 2 direct care staff were present with every 6 children or adolescents at all times. The findings are:	V 315		

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V 315	<p>Continued From page 19</p> <p>Reviews on 2/15/23, 2/17/23, and 2/23/23 of the facility's "Daily Assignment Sheets" 1/01/23 - 2/14/23 revealed:</p> <ul style="list-style-type: none"> - Facility census as follows: <ul style="list-style-type: none"> 16 clients 1/01/23 - 1/21/23 day shift 15 clients 1/21/23 evening shift 16 clients 1/22/23 - 2/01/23 day shift 15 clients 2/01/23 evening shift - 2/03/23 day shift 14 clients 2/03/23 evening shift 15 clients 2/04/23 day shift - 2/10/23 day shift 14 clients 2/10/23 evening shift - 2/11/23 day shift 13 clients 2/11/23 evening shift - 2/13/23 day shift 12 clients 2/13/23 evening shift - 2/14/23 evening shift. - 1/01/23 - 1/31/23: 59 of 62 shifts had less than 2 direct care staff for every 6 children or adolescents at all times. - 2/01/23 - 2/14/23: 21 of 28 shifts had less than 2 direct care staff for every 6 children or adolescents at all times. <p>Reviews on 2/15/23, 2/17/23, and 2/23/23 of the facility's "Daily Assignment Sheets" 1/01/23 - 1/21/23 revealed:</p> <ul style="list-style-type: none"> - 1/03/23 evening shift (7:00 pm - 7:00 am) 16 clients on the unit: 1 direct care staff assigned 1:1; 4 direct care staff assigned to work 7:00 pm - 7:00 am; 2 direct care staff worked a split shift, 7:00 pm - 11:00 pm and 11:00 pm - 3:00 am; 1 Registered Nurse. - 1/05/23 day shift (7:00 am - 7:00 pm) 16 clients on the unit: 1 direct care staff assigned 1:1; 4 direct care staff assigned to work 7:00 am - 7:00 pm; one direct care staff assigned to work 8:00 am - 3:00 pm; 1 direct care staff assigned to work with a discharged client while awake). 	V 315		

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V 315	<p>Continued From page 20</p> <ul style="list-style-type: none"> - 1/07/23 day shift 16 clients on the unit: 1 direct care staff assigned 1:1; 3 direct care staff (2 Mental Health Technicians and 1 Licensed Practical Nurse/Licensed Vocational Nurse) assigned to work 7:00 am - 7:00 pm; 2 staff split the shift 7:00 am - 1:00 pm and 1:00 pm - 7:00 pm; 1 Registered Nurse. - 1/10/23 day shift 16 clients on the unit: 2 direct care staff assigned to work 1:1; 2 direct care staff assigned to work 7:00 am - 7:00 pm; 2 direct care staff split the shift 7:00 am - 3:00 pm and 3:00 pm - 7:00 pm; 2 direct care staff split the shift 7:00 am - 9:00 am and 9:00 am - 7:00 pm; 1 Registered Nurse. - 1/25/23 day shift, 16 clients on unit; 3 direct care staff assigned to work 1:1 7:00 am - 7:00 pm; 4 direct care staff assigned to work 7:00 am - 7:00 pm; 1 Registered Nurse. - 1/26/23 5:17 pm day shift, 16 clients on the unit; 3 direct care staff assigned to work 1:1 7:00 am - 7:00 pm; 3 direct care staff assigned to work 7:00 am - 7:00 pm and 1 direct care staff assigned to work 10:00 am - 2:00 pm; 1 Registered Nurse. - 1/27/23 day shift, 16 clients on unit: 4 direct care staff assigned to work 1:1 7:00 am - 7:00 pm; 1 direct care staff assigned to work 1:1 7:00 am - 11:45 am; 2 direct care 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. <p>Review on 2/14/23 of level II incident reports completed by the facility 1/01/23 - 1/31/23 revealed:</p> <ul style="list-style-type: none"> - 1/03/23 7:25 pm Former Client #4 (FC #4) hit, kicked, punched, spat on, and pulled House Supervisor (HS) #1's hair. - 1/07/23 8:24 am FC #4 hit, kicked, and pulled FC#5's hair and hit and kicked staff. - 1/27/23 11:00 am client #1, client #2 and FC #4 attacked Mental Health Technician #1 (MHT #1) 	V 315		

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V 315	<p>Continued From page 21</p> <p>in an attempt to get her keys to elope.</p> <p>Review on 2/20/23 of a facility "Sexual Acting Out Allegations" report for January 2023 revealed:</p> <ul style="list-style-type: none"> - 1/05/23 FC #4 opened the curtain when client #3 was using the restroom. - 1/10/23 FC #4 was encouraging client #1 to "engage in sexual intercourse" with a peer; client #1 was with 1:1 staff. - 1/25/23 clients #1, #2, #3 and FC #4 became "argumentative and verbally aggressive toward staff" and were "holding hands ran up and down the hall ;" client #1 "had peer (client #3) sit on her lap . . .;" client #1 was "1:1 observation level;" client #2 was placed on "Unit Restriction and sharps restriction . . . had sexual aggression precautions added . . .;" client #3 was on ". . . sexual aggression and victim of sexual aggression precautions and was on a 1:1 observation level at the time of the incident and remains post incident . . . also placed on Unit Restriction . . .;" FC #4 was "on assault and sexual aggression precautions. Place on Unit Restriction and sharps precaution . . . for safety." - 1/26/23 client #1 kissed client #3 "in front of 1:1 staff" and then exposed her breast to client #3; client #1 was "on sexual aggression precautions and remains on 1:1 patient observation level . . . ;" client #3 was on "sexual aggression and victim of sexual aggression precautions. Patient is on Unit Restriction. . . " - 1/27/23 clients #1, #2, #3 and FC #4 went into FC #4's bedroom and began to kiss; client #1 was on "sexual aggression precautions and remains on 1:1 observation level . . . " <p>Review on 2/20/23 of a facility "Physical Aggression" report for January 2023 revealed:</p> <ul style="list-style-type: none"> - 1/27/23 ". . . [local police department] plans to forward petition for assault to DJJ (Department of 	V 315		

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V 315	<p>Continued From page 22</p> <p>Juvenile Justice) for incident" for clients #1, #2, and FC #4.</p> <ul style="list-style-type: none"> - 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 . . . " <p>During interview on 2/20/23 MHT #2 stated:</p> <ul style="list-style-type: none"> - 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. <p>During interview on 2/21/23 HS #1 stated:</p> <ul style="list-style-type: none"> - 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. <p>During interview on 2/21/23 HS #2 stated:</p> <ul style="list-style-type: none"> - 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. 	V 315		

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V 315	<p>Continued From page 23</p> <ul style="list-style-type: none"> - Staff assigned to provide 1:1 supervision were not included in the ratio. - The ratio included nurses, but the nurses were usually in the nurses' station doing paperwork. - The nurses provided coverage for the MHTs to take breaks. <p>During interview on 2/20/23 the Therapist stated:</p> <ul style="list-style-type: none"> - "I feel like we never have enough staff on the unit; we either have just enough to be in ratio, but not enough to escort patients around the building." - "We have just enough (direct care staff) to be in ratio, but not enough that we can do our jobs. If I need an escort (for a client) I have to page overhead to request assistance and usually wait 30 - 45 minutes, which cuts into sessions" - The Therapists' offices were not close to the residential unit or the school facility. - The Therapists were recently directed to conduct therapy sessions "in the gym, the rec (recreation) room, or a classroom" for safety, but the change "helps with the ratio and staff escorts." <p>During interview on 2/23/23 the Director of Risk Management and Performance Improvement stated:</p> <ul style="list-style-type: none"> - Information regarding the requirement for 2:6 ratio was posted in the nurses' station. - Multiple memoranda explaining the 2 staff to 6 client ratio were circulated to staff; the 2:6 ratio requirement was included in orientation and staff signed an attestation acknowledging the ratio requirement was 2:6 and not 1:3. - "That's what got us in trouble last year." - "I guess we were counting the nurses in the ratio." - Licensed Practical Nurses/Licensed Vocational Nurses sometimes worked in the role of MHT and 	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 02/28/2023
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NAME OF PROVIDER OR SUPPLIER BRYNN MARR HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE JACKSONVILLE, NC 28546
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V 315	<p>Continued From page 24</p> <p>were counted in the ratio.</p> <ul style="list-style-type: none"> - A "hall monitor" was added to coverage prior to the incident on 1/27/23. - Additional staff were added to the unit coverage on 2/23/23 in order to meet staffing requirements. <p>This deficiency is cross referenced into 10A NCAC 27G .1901 Scope (V314) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 315		