Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		=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

STATEMENT OF DEFICIENCIES AND PLAN 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	ARR HOSPITAL	JACKS	ONVILLE, NC 2854	3		
(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 bedevelop 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 iicians (MHT #4) failed to evledge, skills and abilities illation 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 AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C			SURVEY PLETED	
		20040012	B. WING		02	/28/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BRYNN M	ARR HOSPITAL		AGE DRIVE DNVILLE, NC 28540	•		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	RRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 110	Continued From page	2	V 110			
	- She had "been there played to get a reaction - She once put her "confaces" when 2 clients - She was not trained between clients' faces. During interview on 2.	ip board between their were trying to kiss. to put her clip board				
	_	ained to put clip boards				
V 133	G.S. §122C-80 CRIM CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabit services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee less than five years, t is conditioned on con criminal history record national criminal history include a check of the the applicant has bee five years or more, th	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this offer of employment by a er this Chapter to an ion that does not require the occupational license is nt to a State and national d check of the applicant. If n a resident of this State for hen the offer of employment sent to a State and national d check of the applicant. The	V 133			

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Division of	of Health Service Regu	lation			1 Oraw	7. TROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		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
1/40		,	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				
		epartment of Justice shall ational criminal history				
		oloyment positions not				
	covered by Public Lav					
		and Human Services,				
	Criminal Records Che					
		eipt of the national criminal				
	_	the Department of Health				
	*	Criminal Records Check				
		rovider as to whether the				
		may affect the employability				
		case shall the results of the				
	national criminal histo	ry record check be shared				
	with the provider. Pro	viders shall make available				
	upon request verificat	ion that a criminal history				
	check has been comp	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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DIVISION	n Health Service Negu	iauon i	1			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		20040012	B. WING		02/2	8/2023
		20040012			1 02/2	8/2023
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
DDVNN M	ADD HOSDITAL	192 VILLA	GE DRIVE			
DK I NIN IVI	ARR HOSPITAL	JACKSON	VILLE, NC 285	546		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
			-	DETIGIENCY)		
V 133	Continued From page	e 4	V 133			
	All criminal history infe	ormation received by the				
		al and may not be disclosed,				
	=	nt as provided in subsection				
	(c) of this section. For	•				
		"private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained from					
		licant's criminal history				
		one or more convictions of				
		e provider shall consider all				
		s in determining whether to				
	hire the applicant:	o dotogou.o. to				
	(1) The level and serie	ousness of the crime.				
	(2) The date of the cri					
		rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri	me, if known.				
	(5) The nexus between	en the criminal conduct of				
	the person and the jo	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
	rehabilitation, and em	ployment records of the				
	person since the date	the crime was committed.				
		ommission by the person of				
	a relevant offense.					
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
		e information contained in				
		cord check that is relevant				
		, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
		- A provider and an officer				
	or employee of a prov	/ider that, in good faith,				

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DIVISION	n Health Service Negu	iation			
	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	
		20040012			02/20/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
RRYNN M	ARR HOSPITAL	192 VILLA	GE DRIVE		
DIXTINIA INI	AKKTIOSFITAL	JACKSON	VILLE, NC 285	546	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE DAIE
			 		
V 133	Continued From page	÷ 5	V 133		
		ction shall be immune from			
	civil liability for:				
	(1) The failure of the p				
		s of information provided in			
	_	cord check of the individual.			
		n employee's history of			
		e employee's criminal			
		s requested and received in			
	compliance with this s	- As used in this section,			
		ans a county, state, or			
		y of conviction or pending			
		whether a misdemeanor or			
		n an individual's fitness to			
		the safety and well-being of			
		ital health, developmental			
		nce abuse services. These			
		minal offenses set forth in			
	any of the following A	rticles of Chapter 14 of the			
	General Statutes: Arti	cle 5, Counterfeiting and			
	Issuing Monetary Sub	ostitutes; Article 5A,			
	Endangering Executiv	e and Legislative Officers;			
	Article 6, Homicide; A	rticle 7A, Rape and Other			
		8, Assaults; Article 10,			
	0	ction; Article 13, Malicious			
	Injury or Damage by I				
	-	Material; Article 14, Burglary			
		kings; Article 15, Arson and			
	•	e 16, Larceny; Article 17,			
	_	Embezzlement; Article 19,			
	False Pretenses and				
	Obtaining Property or				
		edit Device or Other Means;			
		Transaction Card Crime s; Article 21, Forgery; Article			
	26, Offenses Against				
		Adult Establishments;			
	_	r; Article 28, Perjury; Article			
	-	, Misconduct in Public			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		20040012	B. WING		02/2	8/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DDVNN M	ARR HOSPITAL	192 VILL	AGE DRIVE			
DK1 MM W	ARR HOSPITAL	JACKSO	NVILLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Peace; Article 36A, R Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employin supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employ employ an applicant of obtaining the results of check regarding the a following requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after th conditional employme 2001-155, s. 1; 2004-	enses Against the Public iots and Civil Disorders; of Minors; Article 40, iily; Article 59, Public de 60, Computer-Related also include possession or ion of the North Carolina as Act, Article 5 of Chapter tutes, and alcohol-related at ounderage persons in 302 or driving while of G.S. 20-138.1 through a gives false information Any ment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section as A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the as are met: Inot employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins	V 133	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION 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 evid background check with	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 defence 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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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		20040012	B. WING		02/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL		AGE DRIVE NVILLE, NC 285	546		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPROPR DEFICIENCY)	BE COMPLETE	
V 133	- Resume included do in another state 3/201 - No documented evic background check with During interview on 2/did not submit fingerp background check pri During interview on 2/Management and Per stated the Personnel the requirement for fir national criminal background background check pri During interview on 2/Management and Per stated the Personnel the requirement for fir national criminal background checkground check with the checkground check prid checkground check with the checkground check with the checkground check prid checkground checkgr	decumentation of employment 8 - 6/2021. Idence of a national criminal th fingerprints. In 15/23 MHT #3 stated she rints for a national criminal or to employment. In 15/23 the Director of Risk formance Improvement Director was not aware of negerprints to be used for	V 133			
V 314	residential treatment f (b) A PRTF is one that or adolescents who has substance abuse/dep inpatient setting. (c) The PRTF shall p environment for childr not meet criteria for a require supervision ar on a 24-hour basis. (d) Therapeutic interv functional deficits ass adolescent's diagnosi treatment and special mental health therape therapeutic interventic designed to address t	SCOPE Section apply to psychiatric racilities (PRTF)s. at provides care for children ave mental illness or endency in a non-acute rovide a structured living ren or adolescents who do cute inpatient care, but do not specialized interventions ventions shall address ociated with the child or s and include psychiatric ized substance abuse and rutic care. These ons and services shall be	V 314			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		20040012	B. WING		02/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL	192 VILLA	GE DRIVE VILLE, NC 285	:46		
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 314	Continued From page 9		V 314			
	community setting.					
	(e) The PRTF shall s for whom removal fro	erve children or adolescents m home or a				
		idential setting is essential				
	to facilitate treatment.					
	(f) The PRTF shall co					
	adolescent's catchment area.					
	(g) The PRTF shall be accredited through one of the following; Joint Commission on Accreditation of Healthcare Organizations; the Commission on					
	Accreditation of Reha	bilitation Facilities; the				
	Council on. Accredita	tion or other national set forth in the Division of				
	_	linical Policy Number 8D-1,				
	Psychiatric Residentia	al Treatment Facility,				
		amendments and editions. icy Number 8D-1 is available				
		vision of Medical Assistance				
	website at http://www	.dhhs.state.nc.us/dma/.				
	This Rule is not met	as evidenced bv:				
		nd record review, the facility				
	failed to provide requi					
	•	ons to ensure the safety of pasis affecting 3 of 3 audited				
		nd 2 of 2 audited former				
	clients (#4, #5). The	findings are:				
	Cross Reference 10A	NCAC 27G .1902 Staff				
	(Tag V315). Based o	n record reviews and				
	interviews the facility	failed to ensure at least 2				

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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		02/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
RDVNN M	ARR HOSPITAL	192 VILLA	GE DRIVE			
JACKSON 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.				
	17 year old female aDiagnoses included	Bipolar Disorder,				
	type.	SD; and ADHD, combined				
	- Documented history	of elopements; risk taking				
	behaviors; suicidal ide	eation; and sexual trauma.				
	record revealed:	former client (FC) #4's				
	 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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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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 - "Patient Observation"	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 - 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	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPL	FIED		
	20040012 B.V		B. WING		02/2	8/2023		
					02/2	.0/2023		
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE				
BRYNN M	ARR HOSPITAL		NGE DRIVE NVILLE, NC 285	546				
()(1)	SLIMMARY ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	iN	(75)		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE		
V 314	Continued From page	e 12	V 314					
V 314	catch charges." - 1/07/23 FC #4 beca toward FC#5; FC #4 scontinue such behavidischarged from PRT - 1/03/23 FC #4 beca toward House Supervounching, 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 becap boundaries" 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 "I didn't hit her, I we was about it. I didn't - At the time of the incrunning down the hall recall how many staff - MHT #1 pressed characters."	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. 1/15/23 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 I staff at the time of the wanted to get MHT #1's and through her pockets, that thit her." cident other staff "came tway" but she could not responded. arges against her.	V 314					
		ncounter with a peer "in oesn't go on anymore."						
	During interview on 2 She and client #1 ar because they "wanted - The attack "was [FC]	/15/23 client #2 stated: nd FC #4 attacked MHT #1 d to run."						

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	F 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 P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BRYNN MARR HOSPITAL			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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 314	Continued From page	: 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 in the she had not seen and between clients. - "I think the ones that discharged and it's because the she she had not seen and between clients. - "I think the ones that discharged and it's because the she she she she she she she she she s	ogize but she heard MHT #1 vith a concussion." Is on her." In her " I) 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 sexual aggression du 2023 Her sexual encounte consensual.	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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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			
JACKSON		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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STATEMENT	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 AD	DRESS, CITY, STA	TE, ZIP CODE		
DDVNN M	ADD HOSDITAL	192 VILLA	GE DRIVE			
BRYNN MARR HOSPITAL JACKSON			IVILLE, NC 285	446		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
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. The staff assigned as in the hall at the time staff were in the lounger. If other clients appropriate thing the 1:1 staff couredirection. - "At this point they have say. They pretty indo." - "We don't know what the bound on the could not recall	she hit her head on the wall ssion. MHTs working that day; she rking 1:1. as "hall monitor" was present of the incident, but the other ge with the other clients. bached a 1:1 client, the only all do was provide verbal conestly don't even care what much do what they want to at to do anymore." /21/23 House Supervisor #1 2 incidents with FC #4, but he dates. aff client ratio of 1:3. The expected to keep the arated.	V 314			
	unit; we either have junot enough to escort building." - "We have just enough."	ust enough to be in ratio, but patients around the gh (direct care staff) to be in				
	need an escort (for a	assistance and usually wait				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUF	
AND PLAN	LAN OF CORRECTION IDENTIFICATION NUMBER: A		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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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	B. WING		02/28/2023
NAME OF PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	ΓΕ, ZIP CODE	
	192 VILL	AGE DRIVE		
BRYNN MARR HOSPITAL	JACKSO	NVILLE, NC 285	46	
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 314 Continued From page 17		V 314		
Coordinator responsible for ensures the ratio is maintage and observation let the assistance of the House weekends and evenings. House Supervisors or Nurround the unit. Staffing is operations meetings by the Nursing Officer) and Risk Clients #1,#2, #3, and For diagnoses that included Dysregulation Disorder, A Hyperactivity Disorder, Polisorder, Impulse Control Disorder, and Schizoaffeed clients had documented haggression, self-injurious suicide attempts and sexus sexual trauma. Clients #1 involved in multiple incide aggression in the facility. I incidents MHT #1 was ass #2, and former client #4 a concussion and was hosp and FC #4 had legal charges are sult of the incident; charges filed against her for 80 of 90 possible shifts January 2023, the facility sexual acting out, with clie #4 being involved in 7 of the facility failed to ensure adtimes to ensure the safety and to implement preventing the safety and the safety a	ained per the unit evel on a daily basis with se Supervisor on Staffing is verified by ree Managers who reviewed during daily se CEO, CNO (Chief Manager." The Client #4 had bisruptive Mood ttention Deficit bet Traumatic Stress Disorder, Bi-Polar stive Disorder. The sistories of physical behaviors, elopements, salized behaviors and 1, #2, and FC #4 were nts of physical During one of the saulted by clients #1, nd sustained a sitalized. Clients #1, #2, ges filed against them FC #4 also had legal for a previous incident atened and pulled FC 2/14/23 the required atio of 2:6 was not met s. During the month of reported 8 incidents of ents #1, #2, #3 and FC the incidents. The equate staffing at all of the clients and staff	V 314		

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION 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 tree adolescents with me (b) At all times, at less members shall be pror adolescents in eact) If the PRTF is how specifically assigned responsibilities separan acute medical unity (d) A psychiatrist should be provided in the property of 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 AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
	20040012		B. WING		0.5	2/28/2023
NAME OF F	PROVIDER OR SUPPLIER		.DDRESS, CITY, STATE	ZID 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 OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 192 VILLAGE DRIVE				
		20040012	B. WING		02/28/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BRYNN MARR HOSPITAL 192 VILLAG					
	JACKSON		NVILLE, 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 SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 315	Community Page 20		V 315		
	care staff assigned 1: Mental Health Technic				
	assigned to work 7:00	sed Vocational Nurse) 3 am - 7:00 pm; 2 staff split 50 pm and 1:00 pm - 7:00			
	pm; 1 Registered Nur - 1/10/23 day shift 16	rse. clients on the unit: 2 direct			
	assigned to work 7:00	work 1:1; 2 direct care staff 0 am - 7:00 pm; 2 direct care			
	•	0 am - 3:00 pm and 3:00 pm re staff split the shift 7:00			
	Registered Nurse.	6 clients on unit; 3 direct care			
	staff assigned to work direct care staff assig	x 1:1 7:00 am - 7:00 pm; 4 ned to work 7:00 am - 7:00			
		y shift, 16 clients on the unit;			
	7:00 pm; 3 direct care	signed to work 1:1 7:00 am -			
	work 10:00 am - 2:00	lirect care staff assigned to pm; 1 Registered Nurse. S clients on unit: 4 direct care			
	staff assigned to work	1:1 7:00 am - 7:00 pm; 1 ned to work 1:1 7:00 am -			
	11:45 am; 2 direct car 7:00 am - 7:00 pm; 3	re staff assigned to work direct care staff split a shift pm; 1 Registered Nurse.			
	110111 11.45 atti - 7.00	pili, i Registereu Nurse.			
	completed by the faci	level II incident reports lity 1/01/23 - 1/31/23			
		rmer Client #4 (FC #4) hit, t on, and pulled House			
	Supervisor (HS) #1's				
	FC#5's hair and hit ar				

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attacked Mental Health Technician #1 (MHT #1)

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SUI COMPLET	
			A. BUILDING: _			
		20040012	B. WING		02/28	/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRYNN M	ARR HOSPITAL	192 VILLA	GE DRIVE			
DICTIVITY IVI	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 APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 315	Continued From page	21	V 315			
	in an attempt to get h	er keys to elope.				
	Allegations" report for - 1/05/23 FC #4 open #3 was using the rest - 1/10/23 FC #4 was 6 "engage in sexual inte #1 was with 1:1 staff 1/25/23 clients #1, # "argumentative and v staff" and were "holdi the hall;" client #1 "halap ;" client #1 was client #2 was placed 6 sharps restriction precautions added sexual aggression an aggression precaution observation level at the remains post incident Restriction;" FC # sexual aggression pre Restriction and sharp - 1/26/23 client #1 kis staff" and then exposicient #1 was "on sex and remains on 1:1 p;" client #3 was on "set of sexual aggression"	encouraging client #1 to ercourse" with a peer; client #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 " d victim of sexual				
	Unit Restriction "	2, #3 and FC #4 went into				
		began to kiss; client #1				
		ession precautions and				
	remains on 1:1 obser					
	- 1/27/23 " [local p	a facility "Physical r January 2023 revealed: olice department] plans to sault to DJJ (Department of				

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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 PREFIX (EACH CORRECTION TO THE APPROPRIATE DATE DATE DATE (X2) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X3) DATE SURVEY COMPLETED (X4) ID PREFIX TAG (EACH CORRECTION TO THE APPROPRIATE DATE DATE DATE DATE DATE (X4) ID PREFIX TAG (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE (X4) ID PREFIX TAG (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE DATE
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 (ND 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 session."	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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