Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on May 26, 2023. One complaint was substantiated (intake #NC00201654) and one complaint was unsubstantiated (intake #NC00201680). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1900 Psychiatric Residential Treatment for Children and Adolescents. This facility is licensed for 18 and currently has a census of 12. The survey sample consisted of audits of 2 current clients. This survey originally closed on May 23, 2023 but was reopened on May 26, 2023 due to additional information being provided.	V 000	RECEIVED JUN 12 2023 DHSR-MH Licensure Sect	
V 317	27G .1904 Psych. Res. Tx. Fac. - Transfer or Discharge 10A NCAC 27G .1904 TRANSFER OR DISCHARGE (a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility. (b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule. (c) The PRTF shall meet with existing child and family teams and other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and	V 317		

Allie Klein, MSW Director of Risk Management 6-9-23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 317	Continued From page 1 other representatives involved in the care and treatment of the child or adolescent including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility. (d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge the child or adolescent as soon as the emergency situation is stabilized. (e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to hold a service planning meeting with the existing child and family team within 5 days of an emergency transfer or discharge affecting 1 former client (FC #2). The findings are: Review on 5/23/23 of FC#2's record revealed: - 15 year old female. - Admitted 1/24/22, discharged 2/01/23. - Diagnoses included Disruptive Mood Dysregulation Disorder, Generalized Anxiety Disorder; Post Traumatic Stress Disorder, unspecified; and Attention Deficit Hyperactivity Disorder.	V 317	The Director of Clinical Services and Chief Nursing Officer will identify immediately when a patient requires an emergency transfer or discharge from PRTF services. The DCS will be responsible for ensuring the PRTF therapist coordinates a child and family team meeting within the required timeframe of 5 days from the transfer or discharge to facilitate continuity of care. The patient's transfer or discharge will be discussed during daily operations meeting, including when the child and family team meeting is scheduled and if the required time frame is met. Any noncompliance will receive corrective action by the DCS.	6/1/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 317	Continued From page 2 - "Clinical Progress Note" dated 1/30/23 included ". . . PRTF Therapist was contacted by [the Psychiatrist] . . . stating the patient is being recommended to transition to a higher level of care within the facility and will be transitioning to the . . . Acute Unit due to increase in aggressive behaviors, resistance to de-escalation which resulted in multiple restraints, seclusions and chemical restraints . . . [the Psychiatrist] stated he would meet with the patient on 2/1/23 . . . Discharge date is currently unknown. Discharge will continue to be assessed and discussed in Treatment Team." - "Clinical Progress Note" dated 1/31/23 included ". . . Definitive discharge date is currently not set. discharge will continue to be assessed and discussed in weekly Treatment Team meetings. Definitive Discharge will be determined based upon the patient's progress and Treatment Team's recommendations." - "Clinical Progress Note" dated 2/01/23 included ". . . PRTF Therapist was informed by (the Psychiatrist) and Nursing Manager . . . that the patient [FC#2] would be IVC'd (involuntarily committed) and admitted to Brynn Marr Hospital Acute Unit. [FC #2] is being discharged from Brynn Marr Hospital PRTF for increased aggression, increase in restraint and seclusions due to her escalation and refusal to de-escalate . . . PRTF Therapist met with the [FC #2] to complete her discharge paperwork. PRTF Therapist was informed that [FC #2] will be admitted to the Acute Unit. [FC#2] will be provided with medication management and clinical care/case management in the acute setting . . . PRTF Therapist contacted the patient's social worker via email on 1/30/23 to inform her of the patient being discharged to a higher level of care. PRTF Therapist will contact the patient's social worker via email when the	V 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 317	Continued From page 3 patient is transitioned to the acute unit . . . Patient discharging due to being IVC'd . . . Patient being discharged into a higher level of care . . . Patient has been IVC'd by MD (Medical Doctor) . . . " - "Discharge Safety Plan" dated 2/01/23 included ". . . Date and Time of Initiation: 2/1/23 1323 (1:25 pm) . . . Were family, friends, or caregivers of the patient invited to participate?' with box "no" checked; ". . . If no - why not Patient discharged due to IVC . . . " - "Aftercare/Discharge Plan" dated 2/01/23 included ". . . Family Involvement Was family meeting held?" with box "no" checked ". . . If no, why not: Patient being IVC'd legal Participants: Guardian notified (DSS (Department of Social Services) . . .). - No documentation of a child and family team (CFT) meeting within 5 days of discharge from the PRTF unit. During interview on 5/23/23 FC#2's DSS Guardian Representative stated: - While on the PRTF FC#2 had 8 assault charges as a result of her physically aggressive behaviors at the facility. - A decision to discharge FC#2 from the PRTF and involuntarily commit her to the Licensee's acute care unit was made with no input from the guardian. - No CFT meeting for discharge planning was held within 5 days of FC#2's discharge from the PRTF unit. During interview on 5/23/23 the Director of Risk Management and Performance Improvement stated: - Discharge planning was discussed in CFT meetings prior to FC#2's involuntary commitment to the Licensee's acute unit. - FC#2 was discharged from the facility into the	V 317		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 317	Continued From page 4 acute unit of the Licensee's hospital facility. - A meeting would have been held on the acute unit after FC#2 was admitted on the involuntary commitment.	V 317		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 5 (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 6 (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure critical incident reports were submitted to the Local Management Entity/Managed Care Organization (LME/MCO) as required. The findings are: Review on 5/23/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level III incident reports filed submitted by the facility 2/01/23 - 5/22/23. Review on 5/23/23 of client #1's record revealed: - 17 year old female admitted 3/24/22. - Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, combined presentation; and Post Traumatic Stress Disorder. Review on 5/23/23 of a list of "[Client #1] Incident Reports April 2023" revealed: - "Aggression by Staff towards patient . . . 4/29/23 . . . [client #1] . . . It was reported that the patient [client #1] requested medication from the	V 367	The facility conducted an internal investigation on allegations of physical abuse of a patient by a registered nurse and unsubstantiated the allegations via camera review. The facility Director of Risk Management reviewed NC IRIS reporting requirements. The Director of Risk Management/designee will ensure allegations of abuse or neglect involving PRTF patients are submitted via IRIS within 24 hours of notification of the allegations rather than following the completion of an investigation. The Director of Risk Management will report the completion of IRIS reports for critical PRTF incidents to the CEO/leadership team during daily operations meeting.	5/4/23 5/23/23 5/23/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 7 oncoming nurse and when she was not given the medication pt (patient) pushed her way into nurses station and was demanding medication. Staff blocking to get the patient out of the nurses station and to get the door closed. The patient then had a phone call with her father . . . the dad got on the phone with the supervisor and stated that the nurse on the unit had closed his daughter's foot in the door . . . notified the House Supervisor of patient and parent concern. Patient has no injury to her foot as assessed by the RN (Registered Nurse) . . . completed camera review of timeframe 1950 - 2020 (7:50 pm - 8:20 pm). [Client #1] is seen in the doorway of the nurse's station but her foot does not get shut in the door. Her foot is not close to the door when shut. RN is seated at the nurses station and an MHT (Mental Health Technician) provides her with the phone. [Client #1] walks down the hallway with her 1:1 staff member on the phone then returns it to the MHT. Allegations of abuse by staff towards patient are unsubstantiated." During interview on 5/23/23 client #1 stated: - She asked the Nurse for a medication and the nurse told her "to come back in a few minutes." - She went back to the nurses' station and knocked on the door and the Nurse asked her "What?" - She was standing with her foot inside the doorway and the Nurse tried to close the door on her foot; she slammed the door open and it hit a chair inside the nurses' station. - She called her father and told him what happened; "he said he would take care of it." - Her foot was not injured. During interview on 5/26/23 client #1's Father/Guardian stated client #1 called him and told him that Registered Nurse #1 (RN	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 8 #1)slammed the nurses' station door on her foot; he contacted the Nurse Supervisor and expressed his concern that his daughter was abused by RN #1. During interview on 5/23/23 RN #1 stated: - Client #1 told her father the "I slammed the door on her foot; it did not happen." - An internal investigation was completed. During interview on 5/23/23 the Director of Risk Management and Performance Improvement stated: - A review of the video surveillance recording made at the time of the alleged incident revealed no evidence of client abuse by RN #1. - The allegation of abuse against RN #1 was not reported as a Level III incident because the allegation was not substantiated by the facility. - She was not aware allegations of client abuse by staff were to be reported into IRIS as level III incidents at the time of the allegation, not following the internal investigation.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 500	Continued From page 9 instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E);	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 500	Continued From page 10 (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to report an instance of alleged or suspected abuse to the County Department of Social Services (DSS) as required. The findings are: Review on 5/23/23 of client #1's record revealed: - 17 year old female admitted 3/24/22. - Diagnoses included Disruptive Mood Dysregulation Disorder; Attention Deficit Hyperactivity Disorder, combined presentation; and Post Traumatic Stress Disorder. Review on 5/23/23 of a list of "[Client #1] Incident Reports April 2023" revealed: - "Aggression by Staff towards patient . . . 4/29/23 . . . [client #1] . . . It was reported that the patient [client #1] requested medication from the oncoming nurse and when she was not given the medication pt (patient) pushed her way into nurses station and was demanding medication. Staff blocking to get the patient out of the nurses station and to get the door closed. The patient then had a phone call with her father . . . the dad got on the phone with the supervisor and stated that the nurse on the unit had closed his daughter's foot in the door . . . notified the House Supervisor of patient and parent concern. Patient has no injury to her foot as assessed by the RN	V 500	The facility conducted an internal investigation on allegations of physical abuse of a patient by a registered nurse and unsubstantiated the allegations via camera review. The facility Director of Risk Management reviewed abuse and neglect reporting requirements. The Director of Risk Management/designee will ensure allegations of abuse or neglect are reported to the County Department of Social Services as required. The Director of Risk Management will report the completion of DSS reports for critical PRTF incidents to the CEO/leadership team during daily operations meeting.	5/4/23 5/23/23 5/23/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 500	Continued From page 11 (Registered Nurse) . . . completed camera review of timeframe 1950 - 2020 (7:50 pm - 8:20 pm). [Client #1] is seen in the doorway of the nurse's station but her foot does not get shut in the door. Her foot is not close to the door when shut. RN is seated at the nurses station and an MHT (Mental Health Technician) provides her with the phone. [Client #1] walks down the hallway with her 1:1 staff member on the phone then returns it to the MHT. Allegations of abuse by staff towards patient are unsubstantiated." Review on 5/23/23 of the North Carolina Incident Response Improvement System (IRIS) revealed no level III incident reports filed submitted by the facility 2/01/23 - 5/22/23. During interview on 5/23/23 client #1 stated: - She asked the Nurse for a medication and the nurse told her "to come back in a few minutes." - She went back to the nurses' station and knocked on the door and the Nurse asked her "What?" - She was standing with her foot inside the doorway and the Nurse tried to close the door on her foot. - She called her father and told him what happened. During interview on 5/26/23 client #1's Father/Guardian stated client #1 called him and told him that Registered Nurse #1 (RN #1)slammed the nurses' station door on her foot.; he contacted the Nurse Supervisor and expressed his concern that his daughter was abused by RN #1. During interview on 5/23/23 the Director of Risk Management and Performance Improvement stated:	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	20040012	A. BUILDING: _____ B. WING _____	05/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSPITAL	192 VILLAGE DRIVE JACKSONVILLE, NC 28546

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 500	Continued From page 12 - A review of the video surveillance recording made at the time of the alleged incident revealed no evidence of client abuse by RN #1. - The allegation of abuse against RN #1 was not reported to DSS because the allegation was not substantiated by the facility.	V 500		

BRYNN MARR HOSPITAL
192 Village Drive · Jacksonville, NC 28546 · P: 910-577-1400 · F: 910-577-2760 · www.brynnmarr.org

June 9, 2023

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

RE: Complaint Survey Completed 5/26/23 Plan of Correction

To Whom It May Concern:

Enclosed you will find Brynn Marr Hospital's original Plan of Correction in response to the complaint survey that concluded at our facility on May 26, 2023. Please contact me directly at (910) 577-2717 with any questions.

Sincerely,

Allison Harris, MSW
Director of Risk Management
Brynn Marr Hospital
allison.harris@uhsinc.com