

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 10/23/2025
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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>An annual and complaint survey was completed on October 23, 2025. The complaint was unsubstantiated (intake #NC 00233988). 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 7 current clients and 1 discharged client.</p>	V 000		
V 105	<p>27G .0201 (A) (1-7) Governing Body Policies</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(1) delegation of management authority for the operation of the facility and services;</p> <p>(2) criteria for admission;</p> <p>(3) criteria for discharge;</p> <p>(4) admission assessments, including:</p> <p>(A) who will perform the assessment; and</p> <p>(B) time frames for completing assessment.</p> <p>(5) client record management, including:</p> <p>(A) persons authorized to document;</p> <p>(B) transporting records;</p> <p>(C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;</p> <p>(D) assurance of record accessibility to authorized users at all times; and</p> <p>(E) assurance of confidentiality of records.</p> <p>(6) screenings, which shall include:</p> <p>(A) an assessment of the individual's presenting problem or need;</p>	V 105		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 105	<p>Continued From page 1</p> <p>(B) an assessment of whether or not the facility can provide services to address the individual's needs; and</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	V 105		

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V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement written policies for adoption of standards that assure operational and programmatic performance meeting applicable standards of practice for the training in Cardiopulmonary Resuscitation (CPR) on an annual basis as required by CFR §483.376(f) for 1 of 4 audited staff (Registered Nurse (RN) Supervisor) The findings are:</p> <p>Review on 10/23/25 of CFR §483.376(f) revealed: "Staff must demonstrate...their competencies as specified in paragraph (b) of this section on an annual basis...(b) Certification in the use of cardiopulmonary resuscitation, including periodic recertification, is required."</p> <p>Review on 10/23/25 of the RN Supervisor record revealed: - Date of hire: 11/06/23. - CPR certification completed on 11/08/23.</p> <p>Interview on 10/22/25 the RN Supervisor stated: - She had worked at the facility for approximately 2 years. - She was current in all trainings.</p> <p>Interview on 10/23/25 the Human Resources Director stated: - The RN Supervisor had started approximately 3 months ago. - He was aware CPR certification was required to be done yearly.</p>	V 105		

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V 105	Continued From page 3 - He would ensure the RN Supervisor had her CPR certification completed.	V 105		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs	V 366		

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V 366	<p>Continued From page 4</p> <p>while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <ul style="list-style-type: none"> (1) immediately securing the client record by: <ul style="list-style-type: none"> (A) obtaining the client record; (B) making a photocopy; (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: <ul style="list-style-type: none"> (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the 	V 366		

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V 366	<p>Continued From page 5</p> <p>incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to implement written policies governing their response to II incidents. The findings are:</p> <p>Review on 10/22/25 and 10/23/25 of the North Carolina Incident Response Improvement System (IRIS) revealed:</p> <ul style="list-style-type: none"> - No documentation a level II IRIS report had been completed following client #3 being placed in a physical restraint or seclusion on 7/18/25 and 7/22/25. - No documentation a level II IRIS report had 	V 366		

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V 366	<p>Continued From page 6</p> <p>been completed following client #4 being placed in a physical restraint or seclusion on 8/23/25.</p> <ul style="list-style-type: none"> - No documentation a level II IRIS report had been completed following client #7 being placed in a physical restraint or seclusion on 10/17/25. <p>Review on 10/22/25 and 10/23/25 of Seclusion/Restraint Order for client #3 dated 7/18/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 7/18/25. - Time of Intervention: 7:12pm. - Type of Intervention: Physical Restraint. <p>Review on 10/22/25 and 10/23/25 of Termination/Post Intervention Nursing Summary and Notifications for client #3 dated 7/22/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 7/22/25. - Time of Intervention: 9:24am - 9:30am (restraint). - Time of Intervention: 9:30am - 9:50am (seclusion). - Type of Intervention: Physical Restraint/Seclusion. <p>Review on 10/22/25 and 10/23/25 of Restrictive Intervention Log for client #4 dated 8/23/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 8/23/25. - Time of Intervention: 9:21pm - 9:22pm. - Type of Intervention: Physical Restraint. <p>Review on 10/22/25 and 10/23/25 of Restrictive Intervention Log for client #7 dated 10/17/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 10/17/25. - Time of Intervention: 9:44am - 9:46am. - Type of Intervention: Physical Restraint. <p>Interview on 10/23/25 the Director of Risk</p>	V 366		

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V 366	Continued From page 7 Management stated: - Moving forward, the facility would ensure all necessary documentation was completed as required.	V 366		
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		

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V 367	<p>Continued From page 8</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(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).</p> <p>(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:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p>	V 367		

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V 367	<p>Continued From page 9</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure an incident report was submitted to the Local Management Entity (LME)/Managed Care Organization (MCO) within 72 hours as required. The findings are:</p> <p>Review on 10/22/25 and 10/23/25 of the North Carolina Incident Response Improvement System (IRIS) from April 1, 2025 to current revealed:</p> <ul style="list-style-type: none"> - No documentation a level II IRIS report had been completed following client #3 being placed in a physical restraint or seclusion on 7/18/25 and 7/22/25. - No documentation a level II IRIS report had been completed following client #4 being placed in a physical restraint or seclusion on 8/23/25. - No documentation a level II IRIS report had been completed following client #7 being placed in a physical restraint or seclusion on 10/17/25. - No documentation that restraint involving client #3 on 8/15/25 was submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware 	V 367		

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V 367	<p>Continued From page 10</p> <p>of the incident.</p> <ul style="list-style-type: none"> - No documentation that restraint involving client #7 on 8/15/25 was submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. - No documentation that restraints involving former client (FC) #14 on 7/17/25 was submitted to the Local Management Entity/Managed Care Organization (LME/MCO) within 72 hours of becoming aware of the incident. <p>Review on 10/22/25 and 10/23/25 of Seclusion/Restraint Order for client #3 dated 7/18/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 7/18/25. - Time of Intervention: 7:12pm. - Type of intervention: Physical Restraint. <p>Review on 10/22/25 and 10/23/25 of Termination/Post Intervention Nursing Summary and Notifications for client #3 dated 7/22/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 7/22/25. - Time of Intervention: 9:24am - 9:30am (restraint). - Time of Intervention: 9:30am - 9:50am (seclusion). - Type of intervention: Physical Restraint/Seclusion. <p>Review on 10/22/25 and 10/23/25 of Restrictive Intervention Log for client #4 dated 8/23/25 revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 8/23/25. - Time of Intervention: 9:21pm - 9:22pm. - Type of intervention: Physical Restraint. <p>Review on 10/22/25 and 10/23/25 of Restrictive Intervention Log for client #7 dated 10/17/25</p>	V 367		

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V 367	<p>Continued From page 11</p> <p>revealed:</p> <ul style="list-style-type: none"> - Date of Intervention: 10/17/25. - Time of Intervention: 9:44am - 9:46am. - Type of intervention: Physical Restraint. <p>Review on 10/22/25 and 10/23/25 of a North Carolina Incident Response Improvement System (IRIS) report for client #3 and submitted 8/19/25 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 8/15/25. - Time of incident: 1:15pm. - Standing restraint initiated for a duration of 2 minutes. - The IRIS report had not been properly submitted within 72 hours of the incident as required. <p>Review on 10/22/25 and 10/23/25 of a North Carolina Incident Response Improvement System (IRIS) report for client #7 and submitted 8/19/25 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 8/15/25. - Time of incident: 1:13pm. - Standing restraint initiated for a duration of 4 minutes. - The IRIS report had not been properly submitted within 72 hours of the incident as required. <p>Review on 10/22/25 and 10/23/25 of a North Carolina Incident Response Improvement System (IRIS) report for FC #14 and submitted 7/25/25 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 7/18/25. - Time of incident: 7:32pm. - Sitting restraint initiated for a duration of 23 minutes. - The IRIS report had not been properly submitted within 72 hours of the incident as required <p>Review on 10/22/25 and 10/23/25 of a North Carolina Incident Response Improvement System</p>	V 367		

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V 367	<p>Continued From page 12</p> <p>(IRIS) report for FC #14 and submitted 7/25/25 revealed:</p> <ul style="list-style-type: none"> - Date of incident: 7/17/25. - Time of incident: 8:30pm. - Standing restraint initiated for a duration of 19 minutes. - Seclusion initiated for a duration of 13 minutes. - The IRIS report had not been properly submitted within 72 hours of the incident as required <p>Interview on 10/23/25 the Director of Risk Management stated: Moving forward, the facility would ensure all necessary documentation was completed as required.</p>	V 367		