



Taylor Knopf <tknopf@northcarolinahealthnews.org>

FW: [External] FW: DHHS Complaint and Response Letter

2 messages

Rep. Graig Meyer <Graig.Meyer@ncleg.gov>

Wed, Oct 5, 2022 at 10:47 AM

To: "tknopf@northcarolinahealthnews.org" <tknopf@northcarolinahealthnews.org>

Rep. Graig Meyer

NC House District 50

Serving Orange and Caswell Counties

From: Rep. Graig Meyer
Sent: Monday, August 01, 2022 1:51 PM
To: Kinsley, Kody <kody.kinsley@dhhs.nc.gov>
Cc: Gross, Matt <Matt.Gross@dhhs.nc.gov>
Subject: Re: [External] FW: DHHS Complaint and Response Letter

Thank you Mr. Secretary,

I would also encourage you to review these materials about Brynn Marr's parent company.

<https://www.washingtonpost.com/dc-md-va/2022/07/29/dc-psychiatric-institute-washington-neglect/><https://www.justice.gov/opa/pr/universal-health-services-inc-and-related-entities-pay-122-million-settle-false-claims-act>

Rep. Graig Meyer

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On Jul 29, 2022, at 10:16 PM, Kinsley, Kody <kody.kinsley@dhhs.nc.gov> wrote:

Rep. Meyer,

I hope you are well. Our team will take another look and be back with you. The health and wellbeing of those we serve is our top priority.

Best,

Kody H. Kinsley

(he / him)

Secretary

North Carolina Department of Health and Human Services

Executive Assistant: [Aaron Blackmon](#)

From: Daphne Quinn (Rep. Graig Meyer) <Daphne.Quinn@ncleg.gov> **On Behalf Of** Rep. Graig Meyer
Sent: Friday, July 29, 2022 4:11 PM
To: Kinsley, Kody <kody.kinsley@dhhs.nc.gov>
Cc: Gross, Matt <Matt.Gross@dhhs.nc.gov>
Subject: [External] FW: DHHS Complaint and Response Letter

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Secretary Kinsley,

I would like to ask for a review of a recent DHHS decision to not investigate a complaint.

Please see the email below from Mr. [REDACTED] citing many issues of great concern that occurred while his daughter was a patient at Brynn Marr Hospital. As you can see from the email and the attached letter, Mr. [REDACTED] felt that these incidents were so egregious that they warranted a formal complaint to DHHS.

The attached letter sent in response to his formal filing indicates that DHHS does not believe an investigation is warranted because the hospital is accredited by The Joint Commission and an investigation is only necessary if the alleged deficiencies reach a level "to place the facility in noncompliance with applicable program requirements." For accreditation purposes, it does appear that The Joint Commission focuses primarily on medical processes and standard operating procedures within a given hospital. Although Brynn Marr may be compliant in those areas to the satisfaction of DHHS and The Joint Commission, surely alleged sexual harassment and sexual assault of an eleven year old child warrants further investigation. This seems especially true when the local police department has acknowledged receiving many sexual assault complaints from the hospital.

I am requesting review and reconsideration of the decision by DHHS to not investigate this formal complaint from Mr. [REDACTED]. Should DHHS still deem this complaint not worthy of investigation, please provide a full explanation as to why alleged sexual assault of a child put in the care of a hospital for treatment does not rise to the level of severity that warrants investigation.

Thank you,

Rep. Graig Meyer

NC House District 50

Serving Orange and Caswell Counties

From: Dan [REDACTED]
Sent: Wednesday, July 27, 2022 11:54 AM
To: Rep. Graig Meyer <Graig.Meyer@ncleg.gov>
Subject: DHHS Complaint and Response Letter

Hi Graig,

Per your request, attached is the letter from DHHS re: our report of [REDACTED] being abused and neglected and BM. Below I have also included a nutshell of what we reported to DHHS re: BM. I sent this to you before, but figured it would be helpful to have it in hand. Thanks, [REDACTED]

1. Placed in a unit different from what Duke/we were told and the unit was dangerous (12 and under girls vs 10-15 coed).

- Duke Hospital put her under an IVC b/c BM said they had a room in unit for 12U girls with suicidal ideation. Absent BM's misrepresentation, she wouldn't have been sent there and she potentially wouldn't have been placed under an IVC. Unit she was actually placed in was 75% boys, several of whom were in there for homicidal ideation and were very violent.

2. No/poor communication re: rules and expectations

- We as parents weren't given any paperwork, our daughter was not provided with rules and later disciplined for breaking a rule she wasn't aware of - specifically, she asked why patients had to put their forks through their trays and had all of her belongings confiscated b/c of asking the question. She sat there alone at admission for many hours with literally nothing to do, eat, etc. - should have given her rules and explained them during that time. Also should have given us these rules - she was an eleven-year-old child.

3. Much physical violence on site in her unit, patient unable to leave room or speak on phone with parents due to "lockdowns".

- Boys in her unit regularly engaged in violence against each other and staff. Led to lockdowns with alarms blaring, chaos of fighting and other kids having anxiety/panic attacks at witnessing the violence, etc. She was very traumatized by this - loud noises and blinking lights now trigger her PTSD which she was diagnosed with from being at BM. Now has to receive advance warning of fire drills, etc. Regularly denied communication with her for long stretches of time (e.g., only allowed to speak with her 1X in her first 48 hours; wasn't allowed to speak to her sister for her birthday, which led her to cry herself to sleep.
- She said several patients terrified her, mostly boys and 1 girl

4. Patient became ill with a stomach bug and was isolated and not provided appropriate care (delay in getting clean linens, delay in receiving feminine supplies, inappropriate diet)

- Our daughter had uncontrollable vomiting and diarrhea and often had to lie in soiled sheets and clothes for extended periods of time. While she had a horrible stomach bug, BM gave her things like hot dogs, cole slaw, and cake to eat.

5. Sexual harassment by other patients

- Regularly subject to harsh and abusive language from other patients that went unchecked by staff - things like "suck my dick," "you are an ugly slut," etc.

6. Sexual assault by another patient

- On day before her release, she was sexually assaulted by another patient (the girl she was scared of) while being isolated with her.
- She had witnessed others harassed and assaulted without intervention when staff was alerted so she waited to tell us and did not report to staff. She also didn't want to draw any attention to herself that would potentially would have resulted in her being kept at BM longer and was hoping we would be able to get her out of there following court hearing the next day, which we were thankfully able to do.
- Her psychiatrist at Duke indicated that another Duke patient subsequently sent to BM after her reported that she was also sexually assaulted.
- After sexual assault was reported to police by her psychiatrist at Duke, Jacksonville PD informed us that they get many sexual assault complaints coming out of BM and they have difficulty investigating b/c of red tape and suggested we report to DHHS.
- [REDACTED] has been diagnosed with PTSD from trauma of being in BM - has nightmares of being sexually assaulted, struggles with sleep, etc.

7. She was only seen twice by the psychiatrist (Dr. Delores Brown) but our insurance was billed daily for visits with the psychiatrist.

8. BM did not comply with the IVC process in good faith and in the best interest of our daughter's well-being

- Again, BM misrepresented the type of unit she was being sent to which led to the IVC and Duke pushing BM for inpatient treatment, despite our significant concerns with her being sent there, including an instagram page re: teenage girls for the closing/investigation for BM Hospital in which many people mention being sexually assaulted, subjected to other violence, and not receiving adequate treatment while there (e.g., not receiving any therapy and being told to color all day long).
- Set up a meeting with her medical team for the morning of Friday, September 17, which was supposed to include the only treating physician who saw her (Dr. Delores Brown), but no one on her medical team participated in the call, other than her social worker, who said BM was going to tell the court they wanted to keep her for 15 more days b/c Dr. Brown said she hadn't seen our daughter enough times, even though we explained how she had been placed in the wrong unit, subjected to violence which was causing her trauma, had been receiving subpar care while sick, did not feel safe, and we had set up an amazing plan of intensive outpatient therapy for her with renowned psychologists that would be jeopardized if BM kept her there.
- Her social worker said that, off the record, she should be released and she hoped she would be, but that she wouldn't say that on the record and that she was too busy to help us.
- At the IVC hearing on Friday September 17, we articulated all of the issues that she had been facing in BM (other than sexual assault b/c we didn't know about it at the time) and spoke in detail about the excellent outpatient plan of care we had set up for her that was set to begin on Monday, September 20. Although NC statutory law requires BM to put forth a treating physician who actually treated her at the IVC hearing, they did not. The testifying BM rep had not treated her. Also, although NC statutory law states that the treating physician must give a reason for wanting to keep the child under the IVC, the only thing the BM rep said was "15 days" without

proffering any reason and we weren't provided the opportunity to cross-examine the BM rep in violation of NC statutory law. Thankfully, we were able to win and get her released despite BM wanting to keep her in there. The judge almost ruled in BM's favor even though BM hadn't complied with the law at the hearing and we had detailed significant concerns re: the care she was receiving and the problematic environment. Judge switched courses and decided to release after we re-emphasized that keeping her in BM would jeopardize the amazing outpatient plan of care we had set up. We have significant concerns re: BM's efforts to short-circuit the IVC process/hearing in our daughter's case.

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Rep. Graig Meyer <Graig.Meyer@ncleg.gov>

Wed, Oct 5, 2022 at 10:47 AM

To: "tknopf@northcarolinahealthnews.org" <tknopf@northcarolinahealthnews.org>

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