

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>344016</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>03/21/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRYNN MARR HOSP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>192 VILLAGE DRIVE JACKSONVILLE, NC 28540</b>
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(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) COMPLETION DATE
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{A 000}	INITIAL COMMENTS  A Revisit Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Centers for Medicare and Medicaid (CMS) Atlanta. An unannounced Revisit Survey (ASPEN #73VG13) was conducted at the above-named Hospital from 03/20/23-03/21/23 for the purpose of removing the Immediate Jeopardy received on 02/09/23 for failure to ensure a safe environment for adolescent patients by allowing an involuntarily admitted adolescent to elope from the facility.  Observations, interviews, and document reviews revealed that the hospital had completely implemented its IJ Removal Plan and patients were no longer at risk of harm. The Immediate Jeopardy has been removed. The Hospital continues to be non-compliant with the conditions, 482.12 Governing Body, 482.13 Patient Rights, 482.21 Quality Assessment and Performance Improvement, and 482.83 Nursing Services.	{A 000}		
{A 043}	The Hospital is certified for 84 inpatient beds. The average daily census is 44. GOVERNING BODY CFR(s): 482.12  There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ...  This CONDITION is not met as evidenced by:	{A 043}	ACTION:  The Governing Body received and reviewed the CMS Conditions of Participation report and directed the CEO during the Board of Governors Meeting to develop and implement a plan of correction. The CEO submitted the plan of correction to the Governing Body for review and approval on 3/9/23.  MONITORING:  For a period of at least 6 months, the Governing Body is meeting on a monthly basis to ensure completion of the plans of correction and to monitor effectiveness of actions taken.  See Responses: A 144; A 286; A 395	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rynthia Warren</i>	TITLE <i>CEO</i>	(X6) DATE <i>4/5/2023</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.