STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 000}	INITIAL COMMENTS A complaint investigation was conducted in conjunction with a follow-up survey from February 6, 2023 through February 10, 2023 to determine the hospital's compliance with the Medicare Conditions of Participation. The complaint investigation resulted in the identification of an Immediate Jeopardy (IJ) to patients' health and safety on February 9, 2023 as a result of one incident which occurred on [redacted] 2023. Specifically, pursuant to 482.13 Patient's Rights and 482.23 Nursing Services, the hospital failed to ensure a safe environment for behavioral health patients by allowing an [redacted] patient to elope from the facility. Findings of the survey revealed an [redacted]-year-old [redacted] patient (Patient [redacted] grabbed a staff member's facility keys, jumped over the cafeteria's counter into the kitchen, and obtained a knife. Patient [redacted] threatened to hurt [redacted] with the knife. In response, the hospital staff opened the exterior door of the kitchen and told Patient [redacted] that if [redacted] dropped the knife, [redacted] could leave the facility. Patient [redacted] dropped the knife and was allowed to walk away from the hospital's property. Patient [redacted] was located in the community by the police and returned to the facility. The hospital staff failed to ensure a safe environment for behavioral health patients. In the course of the complaint investigation, non-compliance was identified in: 482.12 Governing Body, 482.13 Patient's Rights, 482.21 Quality Assessment and Performance Improvement, and 482.23 Nursing Services.	{A 000}	Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the alleged or conclusions set out in this Statement of Deficiencies. The Hospital submits this POC in accordance with the regulations and the Plan of Correction documents the actions taken by the Hospital to address the cited deficiencies. 1. On 1/17/23, the patient was located by police within 30 minutes, returned to facility, then discharged and placed in police custody per court order obtained on 1/17/23. 2. Upon notification of the event, the Risk Manager began initial fact gathering and preparation for review meeting on 1/18/23, including a camera review. 3. Knives were immediately secured in a drawer in the storage room inside the kitchen by 1/17/23. 4. The Incident was reviewed by leadership team on 1/18/23 during daily operations meeting, led by the Risk Manager. 5. The RM initiated Root Cause Analysis on 1/18/23 with the team completing the RCA on 1/27/23. 6. The incident was discussed during Patient Safety Council on 1/20/23 with a decision made to install a wall above the cafeteria serving line to prevent patient access to the kitchen. DPO began project plans including arranging contractors to complete the work.	

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 000}	Continued From page 1 Standard level deficiencies were identified in 482.24 Medical Records Services. The follow-up survey to the Immediate Jeopardy that was identified on December 22, 2022 during the November 29, 2022 through December 22,2022 complaint investigation revealed compliance with 482.42 Infection Control and continued non-compliance with: 482.12 Governing Body, 482.13 Patient's Rights, 482.21 Quality Assessment and Performance Improvement, 482.23 Nursing Services. The facility's administrative staff was notified on February 9, 2023 at 1150 of the identification of the Immediate Jeopardy related to the incident on [redacted] 2023. The Immediate Jeopardy was determined to be ongoing.	{A 000}	Construction was completed on 1/26/23. 7. Dining tables were secured to the cafeteria floor to prevent an opportunity to access unauthorized areas on 1/26/23. 8. The cafeteria was closed to patients on 2/9/23 until physical plant modifications were completed . 9. Installation of a locked knife safe where all knives are stored when not in use completed 2/9/23 by the DPO. 10. Dietary policy Safety: Food Preparation Area was reviewed and revised by the Dietary Manager and Risk Manager on 2/9/23 to include the requirement of storing knives in the locked knife cabinet when not in use.
{A 043}	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: Based on policy and procedure review, medical record review, security log review, incident report review, police log review, internal incident investigations, video monitoring review, contract agreement, job description, staff and physician interviews, the hospital's governing body failed to provide oversight and have systems in place to ensure the protection and promotion of patient's	{A 043}	100% of dietary staff were trained on policy revision as they arrived to work for their shift. by the Risk Manager/ designee. Understanding of expectations was verified by signed attestation. 11. On 2/17/23, the CEO revised Leadership Rounds Checklist to include monitoring of knife security (knives stored in locked knife cabinet) at each meal period. CEO trained leadership team on revised form and process for inspecting kitchen/dining area every meal period to verify security of knives. Training was completed on 2/17/23 with understanding of expectations verified by signed attestation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 043}	Continued From page 2 rights to ensure a safe environment for behavioral health patients; failed to maintain an organized and effective quality assessment and improvement program; and failed to have an organized nursing service to meet patient care and safety needs. The findings included: 1. The hospital failed to provide oversight of services furnished under contract staff. ~cross refer to 482.12(e) Governing Body Standard: Contracted Services Tag A0083 2. The hospital staff failed to provide care in a safe setting for an adolescent behavioral health patient by failing to supervise an [redacted] patient on Involuntary Commitment to prevent a patient elopement. ~cross refer to 482.13(c)(2) Patients' Rights Standard: Care in Safe Setting Tag A0144 2. The hospital staff failed to ensure tracking and trending of medical errors by failing to document an incident for improvement opportunities. ~cross refer to 482.21 QAPI Standard: Tag A0286 3. The hospital staff failed to supervise an [redacted] patient on Involuntary Commitment to prevent a patient elopement ~cross refer to 482.23(b)(3) Nursing Services Standard: RN Supervision of Nursing Care Tag A0395	{A 043}	12. Badge cards with Signs of Escalating Behaviors and Examples of Staff Interventions were printed by the HRD with distribution to 100% of staff beginning 2/9/23 and completed on 2/15/23. 13. The DPO installed a secondary door leading into the kitchen from the area behind the serving line as an additional safety measure completed 2/20/23. 14. The CEO and Divisional Director of Nursing Services provided reeducation and debriefing with the nurse manager involved in the event on 3/3/23 regarding critical thinking skills and decision making related to safety events, as well as her leadership role in assisting direct care staff with interventions commiserate with the safety event. Understanding of expectations was verified by signed attestation. 15. The CNO, RM, DDCS and Clinical Training Coordinator reviewed milieu management and crisis intervention training materials and identified new hire orientation only included one day of training specific to crisis management. An additional 8 hours of training was included in new hire orientation beginning 3/9/23. Current direct care staff were provided a 4-hour refresher training which was completed by 3/10/23.	
{A 115}	PATIENT RIGHTS	{A 115}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 115}	Continued From page 3 CFR(s): 482.13 A hospital must protect and promote each patient's rights. This CONDITION is not met as evidenced by: Based on hospital policies review, medical records review, internal incident investigations, video monitoring review, and interviews, the facility failed to protect patients' rights by failing to ensure a safe environment for the delivery of care to behavioral health patients. Findings included: 1. The hospital staff failed to provide care in a safe setting for an adolescent behavioral health patient by failing to supervise an [redacted] patient on Involuntary Commitment to prevent a patient elopement. ~cross refer to 482.13(c)(2) Patients' Rights Standard: Care in Safe Setting Tag A0144	{A 115}	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. 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	
{A 144}	PATIENT RIGHTS: CARE IN SAFE SETTING CFR(s): 482.13(c)(2) The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on hospital policies review, medical records review, internal incident investigations, video monitoring review, and interviews, the hospital staff failed to provide care in a safe setting for an [redacted] behavioral health patient by failing to supervise an [redacted] patient on Involuntary Commitment to prevent a patient elopement for 1 of 1 sampled patient who eloped (Patient[redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 4 Findings included: Review of the hospital policy titled "Elopement PC-1-020" approved 08/12/2021 revealed " ... Policy: When a patient leaves the facility without authorization, the facility has a responsibility to notify designated persons or authorities. All attempts will be pursued to return a patient to the facility. Procedure: A. A 'Code E' is called immediately over the facility paging system by any staff member having knowledge of a patient in process of eloping. The code should identify the location the patient appears to be heading. B. Staff assigned as responsible for responding to an elopement event ...will attempt to locate and prevent the patient from leaving facility property. ..." Review of the hospital policy titled "Patient Precaution/Restriction Level PC-1-004" approved 08/12/2021 revealed " ... Procedure: ...d. Patient Precaution Levels ...Elopement - Current or prior elopement attempt, gesture (e.g., pushing or damaging doors, forcing windows), verbalized intent to leave, ideation or plan for elopement. ... Self-Harm - Current or recent self-harming behavior, attempt, gesture, verbalized intent, threat, plan or ideation involving self-harm, which would result in loss of functioning or disfigurement., Assault or Aggression - Current or recent assault behavior, attempt, gesture, verbalized intent, threat, assault ideation, or aggressive behavior directed toward another person. ..." Review of the hospital policy titled "Psychiatric Emergency (Code AIMZ-Actively Involved in Making it Zero) PC-1-008" approved 08/12/2021	{A 144}	Action The CNO and Risk Manager reviewed and affirmed the following policies contained correct instruction to staff: • Policy "Elopement PC-1-020"- requires staff to be assigned to responding to an elopement event, attempt to locate and prevent the patient from leaving the facility property as well as notifying designated persons or authorities if a patient leaves the facility without authorization. No revisions necessary. • "Patient Observation Policy PC-1-002" provides guidance to staff regarding timing and interval of rounding in order to minimize planned acting out opportunities. No revisions necessary. The CNO and Director of RM/PI reviewed and revised the following policies to improve patient safety. • "Patient Precaution/Restriction Level PC-1-004" – revised Elopement Precautions to include additional interventions such as the unit restriction, slipper socks, etc. Revised 3/6/23. • "Patient Precaution/Restriction Level PC-1-004" – revised to include the ability of the RN to initiate safety precautions based upon their clinical assessment until the patient is seen and reassessed by the provider. Revised 3/6/23. • "Handoff Communication" - revised to include the requirement to maintain Nurse Supervisor shift reports for a period of no less than 2 years in hard copy or electronically scanned with records maintained in the Nursing Office. Revised 3/14/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 5 revealed "Policy Statement: To provide adequate backup crisis intervention when a patient's behavior has escalated beyond the effective use of verbal intervention and/or available human resources are inadequate to safely manage the psychiatric emergency. ...philosophy to utilize all options of de-escalation before hands are placed on a patient unless there is imminent danger to self or others. ... Policy: Patients will be provided intervention by staff trained in appropriate Crisis Prevention Intervention (CPI) to assist them in regaining control of their imminently dangerous behavior to self and others. ..." Review of the hospital policy titled "Patient Observation Policy PC-1-002" approved 08/12/2021 revealed " ... Unit Nurse: a. Assigns responsibility for completion of patient observation rounds at the beginning of each shift. ... Mental Health Technician (MHT): ... c. Observe and document each patient a minimum of every 15 minutes and/or according to precaution level. ... d. Perform rounds at staggered intervals and in a varying pattern or sequence throughout the unit to minimize planned acting out opportunities. ..." Review of the closed medical record for Patient [redacted] revealed a [redacted] year-old [redacted] admitted as [redacted] on [redacted]/2023 at 1030 with a diagnosis of [redacted] Review of the PSYCHIATRIC SBAR (Situation, Background, Assessment Recommendation) - INTAKE TO UNIT PATIENT REPORT WORKSHEET" documented on [redacted]/2023 by the Lead Admissions Clinician (LAC) #17 at 1200 revealed [redacted]	{A 144}	• "Psychiatric Emergency Code PC-1-008 – revised to provide additional guidance regarding assessment and identification of imminent risk to self/others, role of leader during crisis situation, decision making and proactively responding to crisis. Revised 3/2/23. • "Incident Reporting" – revised to clarify the process for reporting events including what to report, who is responsible for reporting, who to report to, time frames for reporting incidents, as well as guidelines for contacting the police. Guidelines include contacting the CEO and/or Risk Manager to assure situation requires police involvement prior to contacting the police. Revised 3/1/23. The CEO conducted a series of Town Hall Meetings on 3/3/23 to communicate the organizations mission and expectation to provide quality care in a safe setting without police assistance and the commitment of the leadership team to support staff by providing additional training resources as well as any other needs identified through quality reviews and staff feedback. Staff attendance was documented on an attendance log. Information provided during the Town Hall Meeting was communicated to staff not in attendance in writing from the CEO via email, posting in staff lounge and unit communication books.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 6 [redacted] Review of the "Order to Admit" dated [redacted] 2023 at 1719 revealed every 15-minute observation checks. Review of the "DE-ESCALATION ASSESSMENT AND PLAN" documented by the Lead Admissions Clinician (LAC) #17 on 01/06/2023 at 1130 revealed [redacted] Review of "High Risk Notification Alert" documented on 01/06/2023 at 1130 revealed [redacted] documented on admission. Review of the Admissions Intake Assessment documented on 01/06/2023 at 1200 revealed that Patient [redacted] had [redacted]	{A 144}	The CNO, HRD and Clinical Training Coordinator reviewed and revised Crisis Intervention training to include an additional eight (8) hours for a total of sixteen (16) hours of training at the time of new hire orientation to allow for content learning, application opportunities, and skills practice. CPI recertification training (the crisis intervention training) is provided every 6 months for RNs, LPNs, MHTs, and Therapy staff. A four (4) hour abbreviated version of this training was provided to current direct care staff (RNs, LPNs, MHTs, Therapy staff) by the certified trainers with all staff expected to be trained by 3/10/23. Any staff member not completing this training by 3/10/23 is not allowed to work until training has been completed. The Risk Manager and CNO re-implemented the incident reporting process outlined in policy requiring the person with direct knowledge of the incident to complete the incident report prior to the end of the shift. The practice of not allowing MHTs to enter reports was discontinued and the expectation for compliance with the policy was communicated to all MHTs and nursing staff. The facility IT coordinator assigned login credentials for all MHTs. Receipt of credentials and understanding of process was acknowledged through written attestation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 7 [redacted] Review of the Nursing Admission Assessment documented on 01/06/2023 at 1300 revealed vital signs were [redacted] Nursing assessment revealed documentation that Patient [redacted] was [redacted] Continued review of the Nursing Admission Assessment revealed "Does the patient have a history of assault/threats towards healthcare workers/patient in a healthcare setting? [redacted] Review of the "New Patient Orientation Check List & Unit Rules" that were reviewed with Patient [redacted] on 01/06/2023 at 1310 by RN #6 revealed a (checked box) which read "Patients are not allowed in the nutrition kitchen area." Review of the telephone physician's orders dated 01/06/2023 at 1322 and entered at 1400 revealed Patient [redacted] was admitted to MD #14 and attending physician was MD #26. Telephone physician's orders dated 01/06/2023 at 1322 and entered at 1400 revealed [redacted]	{A 144}	The CEO, Director of Plant Operations, and Dietary Manager made physical modification to the kitchen area to improve safety and reduce access to the kitchen area and sharps. Modifications included: • Securing area around serving line by extending the wall area down from ceiling to the Plexiglas barrier to prevent patients from climbing over the serving line. • Installation of a locked door between the serving line and the kitchen • Dining tables were secured to the floor to prevent an opportunity to access unauthorized areas. • Installation of a locked knife safe where all knives are stored when not in use. The CEO revised the Leadership Rounds Checklist on 2/9/23 to include a requirement to inspect the cafeteria/kitchen area to verify limited access to the kitchen and the safe storage of knives in the locked cabinet during meal times. Leadership conducts rounds in the kitchen one time during each meal period every day.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 8 [redacted] Review of the "Contact Information" form completed on 01/06/2023 at 1400 by RN #6 revealed a post-it note, not dated or timed, stuck on the information sheet that read [redacted] Review of the "Communication Log" for Patient [redacted] revealed [redacted] on 01/17/2023 at 0919, 1111 and 1817. History and physical completed on 01/07/2023 at 0855 by a Physician Assistant and co-signed by MD #26 on 01/07/2023 at 1810. Psychiatric evaluation completed by MD #26 on 01/07/2023 at 1324. Record review revealed a "Psychosocial Addendum for Collateral/Family Contact" was completed by AC #9 on 01/09/2023 at 1600. Review of the medical record revealed the Admissions Clinician (AC #9) attempted to complete the Psychosocial Assessment on 01/09/2023 and again on 01/10/2023 but was unable to speak with Patient [redacted] due to [redacted] Review of the medical record revealed the Psychosocial Assessment was completed by AC #9 on 01/13/2023 at 1000. The Psychosocial Assessment revealed [redacted]	{A 144}	Training The CNO/designee provided re-education to nursing staff (RNs, LPNs and MHTs), therapy staff and Medical Staff on the following requirements of the revised policies and procedures: • "Patient Precaution/Restrictions" and use of additional interventions such as unit restriction, and slipper socks for patients placed on Elopement Precautions. Revised 3/6/23. • "Patient Precaution/Restrictions" including the RNs ability to initiate precautions and interventions such as unit restriction and/or slipper socks based on their clinical assessment until the provider reassesses the patient. Revised 3/6/23. • "Psychiatric Emergency Code" and the assessment/identification of imminent risk, proactive intervention, leadership role during code and use of decision-making matrix during crisis. Revised 3/2/23. • "Incident Reporting" and the requirements for reporting incidents including what to report, to whom to report, time frames for reporting and guidelines for contacting the police. Revised 3/1/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 9 [redacted] Record review revealed the initial nursing treatment plan for Patient [redacted] was completed on 01/06/2023 at 1300. Record review revealed the Interdisciplinary Treatment Plan was completed on 01/09/2023 at 0830. Review of an electronic Provider's telephone order revealed a [redacted] dated 01/09/2023 at 1530 for a [redacted] Review of a Provider's Progress Note dated 01/09/2023 at 1543 revealed [redacted]	{A 144}	The Risk Manager/designee provided education to all MHTs on the use of login credentials and entering incident reports in Midas. Receipt of credentials was acknowledged through written attestation. Competency regarding completion of incident report was assessed through written examination. The CNO/designee and Clinical Training Coordinators provided a 4 hour training regarding Milieu Management and Non-violent Crisis Management to all RNs, LPNs and MHTs. Training which is included in the additional day of CPI training included: • Use of Crisis Development Model and proactive response to a crisis • Use of Decision Making Tool during crisis • Understanding and identifying imminent risk • Review and practice of non-restrictive and restrictive interventions The CNO provided education to the Nursing Supervisors regarding the requirement to maintain Nursing Supervisor shift reports for a period of 2 years and where they will be maintained.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 10 [redacted] Record review revealed the "Master Treatment Plan" was updated on 01/09/2023 after the patient-to-patient [redacted] with a goal target date of 01/16/2023. Record review revealed documentation on the Nursing Progress note dated 01/09/2023 at 2014 that Patient [redacted] was involved [redacted] on 01/09/2023. Nursing Progress note documented on 01/10/2023 at 1936 revealed [redacted] Review of a Provider's Progress Note dated 01/10/2023 at 1356 revealed [redacted] Review of an electronic Physician Assistant's orders dated 01/13/2023 at 1106 revealed Patient [redacted] placed on medication observation and mouth check after medication administration. Review of a Provider's Progress Note dated 01/13/2023 at 1434 revealed [redacted] Review of a Provider's Progress Note dated	{A 144}	The CEO provided training to the Leadership team regarding the Leadership Rounds Checklist (2/9/23) and the requirement to inspect the cafeteria/kitchen area to verify limited access to serving line/kitchen and secure storage of knives in the locked cabinet for each meal period. The CNO and HRD verified all training information/materials are included in the New Hire Orientation and Annual Trainings. All training as outlined above regarding policies, incident reporting and milieu management/crisis intervention was provided in small group settings and/or individually. Understanding of policies and expectations for compliance was acknowledged through written attestation. Competency for completing incident reports, milieu management and crisis management was assessed through written examination and/or return demonstration. All training was completed by 3/10/23. Any staff who did not complete training by this date were required to complete prior to the beginning of their next assigned shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 11 01/14/2023 at 1509 revealed [redacted] Nursing Progress note documented on 01/14/2023 at 2145 revealed [redacted] Review of an electronic Physician Assistant's telephone order dated 01/15/2023 at 0957 revealed [redacted] (as needed). Review of a Provider's Progress Note dated 01/15/2023 at 1914 revealed [redacted] Review of a Provider's Progress Note dated 01/16/2023 at 1620 revealed [redacted] Nursing Progress note documented on 01/16/2023 at 0700 revealed [redacted] Nursing Progress note	{A 144}	Monitoring Each shift, the House Supervisor monitors patient precautions and verifies patients identified at risk for elopement are placed on Elopement precautions and have an additional intervention such as unit restriction, use of slipper socks, etc. The audit is submitted to the CNO daily for review and monitoring. Findings are reviewed in Daily Nurse Leadership shift reports. Identified deficiencies regarding patients identified at risk of elopement not correctly placed on precautions and unit restriction are addressed immediately and continued non-compliance results in additional corrective actions up to and including termination. Goal: 100% compliance with identified patients at risk for elopement are assigned precautions and additional intervention such as unit restriction and/or slipper socks have been taken. Monitoring is ongoing. Aggregated data regarding proper identification of Elopement risk, assignment of elopement precautions and appropriate interventions for patients with elopement risk is reported monthly to the Quality Council, MEC and Governing Body.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 12 documented on 01/16/2023 at 2135 revealed [redacted] Review of the "Patient Observation Record" for 01/17/2023 revealed every 15-minute observations were completed from 0000 through 2145. Review of the observation record revealed that on 01/17/2023, Patient [redacted] was [redacted] at 1815, [redacted] at 1830, [redacted] at 1845, [redacted] at 1900, [redacted] at 1915, [redacted] at 1930, [redacted] at 1945, [redacted] at 2000, [redacted] from 2015 to 2030 and [redacted] at 2045. Review of "DISCHARGE PLAN PART I" documented on 01/17/2023 at 0615 revealed [redacted] Review of "DISCHARGE ORDER PRE-DISCHARGE EVALUATION OF RISK TO SELF/OTHERS" completed on 01/17/2023 and signed by provider on 01/18/2023 at 1200 revealed [redacted]	{A 144}	Each House Supervisor monitors completion of incident reports prior to the end of each shift. The House Supervisor documents all incidents on the Nursing Supervisor Report. The CNO and Risk Manager review and reconcile the Nursing Supervisors shift report and incident reports to verify completion of incident reports for all reported incidents. Identified deficiencies regarding completion of incident reports are addressed immediately with corrective action and continued non-compliance results in additional corrective actions up to and including termination. Goal: 100% compliance entering incident reports accurately and timely for all reportable events on an ongoing basis. Aggregated data regarding accurate reporting of incidents is reported monthly to the Quality Council, MEC and Governing Body. The CNO and Director of RM/PI implemented unannounced Mock Code Drills to simulate crisis situations and to allow staff continued opportunities to practice crisis management skills developed during new hire and annual Milieu Management/Crisis Intervention training including, but not limited to identification of escalating behaviors/imminent risk, proactive responses to crisis, decision making and use of non-restrictive and restrictive interventions.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 13 [redacted] Review of a Provider's Progress Note dated 01/17/2023 at 1422 revealed [redacted] Nursing Progress note documented by RN #5 on 01/17/2023 at 1100 revealed [redacted]	{A 144}	The CNO created a Mock Code Drill Schedule with drills occurring a minimum of one time per shift per week for one month, then will be reduced to one time per shift, per month on an ongoing basis. The CNO and Director of RM/PI are using the Mock Code Drills to assess staff performance, coach staff, and identify additional training needs such as revisions to training materials, assigning additional training for individual staff members, or increasing the frequency of mock drills to practice skills obtained in Milieu Management/Crisis Intervention training . Aggregated data on mock drills, including recommendations for training or other actions is submitted monthly to the Quality Council, MEC, and Governing Body. CNO/designee and CEO review and reconcile the Police Log during operations meeting each weekday verifying the CEO/RM were notified prior to police being called and that calls were made according to established policy/protocol. Goal: 100% of all police calls are reviewed with the CEO prior to the call being made and documented on the Police Log as required. Aggregated data regarding compliance with contacting the CEO prior to calling the police is reported monthly to the Quality Council, MEC and Governing Body.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 14 [redacted] Review of a Nursing Progress note documented by RN #6 on 01/17/2023 at 1130 revealed [redacted]	{A 144}	The CNO and Director RM/PI reviews data related to police calls monthly to identify any trends that indicate a need for training or process/policy review. The Risk Manager reports aggregated trending data regarding patient safety incidents and request for police assistance monthly to the Quality Council, MEC and Governing Body. The Director of RM/PI aggregates data in regard to safe storage of knives in the kitchen and security of serving line/kitchen through the review of Leadership Rounds forms. Aggregated data regarding compliance is reported monthly to the Quality Council, MEC and Governing Body. If goal of 100% is not met, individual retraining and/or disciplinary action will be provided to the staff member not in compliance. Responsible: CNO	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 15 [redacted] Nursing Progress note documented by RN #5 on 01/17/2023 at 1600 revealed [redacted] Review of Nursing Progress notes documented by NM #1 dated 01/17/2023 at 1905 revealed [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 16 [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 17 [redacted] Review of a Nursing Progress note documented by RN #7 on 01/17/2023 at 2300 revealed [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 18 [redacted] Review of a verbal physician's order dated 01/17/2023 at 2121 revealed [redacted] Review of a Clinical Progress Note documented by AC #9 on 01/17/2023 from 2000 to 2230 revealed [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 19 [redacted] Review of a Clinical Progress Note documented by AC #9 on 01/17/2023 from 2230-2300 revealed [redacted] Patient [redacted] was discharged [redacted] on [redacted] 2023. Review of an electronic Physician's telephone order dated 01/18/2023 at 0637 revealed [redacted] Review of the facility "Police Log" revealed the police department was notified by telephone at approximately 1910 on 01/17/2023. Review of the facility nursing and dietary schedules for 01/17/2023 revealed there were two (2) Registered Nurses and two (2) Mental	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 20 Health Technicians assigned to work on the 1-West unit and the census was fifteen (15) with no one-to-one patients. Review of the Dietary schedule for 01/17/2023 revealed there was one (1) evening cook and one (1) aide assigned to work in the cafeteria from 1200 to 2030. Review of the facility Incident Report Log revealed there were five (5) incidents documented that involved Patient [redacted] Incident #1 was a [redacted] that occurred on 01/09/2023. Incident #2 was a [redacted] that occurred on 01/10/2023. Incident #3 was a [redacted] that occurred on 01/16/2023. Incident #4 was a [redacted] that occurred on 01/17/2023. Incident #5 was an [redacted] that occurred on 01/17/2023. Review of the facility incident report documented on Patient [redacted] revealed the event occurred on 01/17/2023 at 1905 in the Cafeteria. [redacted] Review of the incident report revealed the House Supervisor (HS) was notified on 01/17/2023 at 2000, Family/Guardian was notified at 2200, Physician (MD) was notified at 1930, Administration was notified at 2100, Risk	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 21 Manager was notified at 2123 and Nurse Manager/House Supervisor was notified at 1900. Incident report comments documented on 01/18/2023 at 0256 revealed [redacted] Documentation revealed the incident report was reviewed by a supervisor on 01/18/2023 at 0800 and reviewed by the Risk Manager on 01/18/2023 at 1619. Review of the facility incident investigation summary for Patient [redacted] revealed the incident occurred on 01/17/2023 in the cafeteria and the incident type was labeled as [redacted] The incident investigation report	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 22 revealed that on 01/17/2023 at 2123, the [redacted] Review of the Investigation Summary revealed a list of eight (8) staff that were interviewed and documentation of the interviews. Facility provided surveyor with an interview conducted by the CNO (chief nursing officer) on 02/07/2023 with MHT #2. Investigation Summary revealed [redacted] The investigation summary revealed [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 23 [redacted] Review on 02/06/2023 of the Root Cause Analysis (RCA) revealed the corrective action plan included: [redacted] [redacted] On 02/07/2023 the facility provided the surveyor with a change that had been initiated on the RCA corrective action plan which included how the facility would measure Action Item #1. Review of the Programming Schedule for the [redacted]-West [redacted] Unit revealed the scheduled dinner time was changed from 1850-1920 to 1830-1900 on 01/31/2023.	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 24 Review of the Facility "Camera Review" revealed the facility completed the video camera review on 01/18/2023. The facility reviewed video monitoring from 1849-1855 on the [redacted]West Unit and from 1855-1912 in the cafeteria. Review of verbal de-escalation revealed the facility documented the staff failed to address stimulation by not removing the group and/or patient and failed to call for assistance quickly enough. ... Staff supplied patient with enough space and time to make a positive decision. Less restrictive efforts attempted by staff noted: Verbal de-escalation, 1:1 support with MHT away from other patients [redacted] Review of the facility's summary of the camera review revealed [redacted] Review on 02/07/2023 of the facility video monitoring on 01/17/2023 for Pt [redacted] revealed: [redacted]West unit prior to going to the cafeteria. 1848:59 - Pt [redacted] sitting in hallway on [redacted]W unit talking on the telephone. 1849:25 - Pt [redacted] turns head, switched phone to left hand and [redacted] 1850:51 - Patient began to line up in the hallway. Pt [redacted] sitting on the floor, talking on the phone.	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 25 1851:45 - MHT #3 walked down hallway towards exit door. Pt [redacted] slides phone across hallway towards MHT #3's feet. 1851:50 - Pt [redacted] stands up in the patient line. Placed hand on head and through hair. 1852:04 - MHT #3 walked back towards nursing station with telephone. 1852-1853 MHT #2 walked down hallway towards nurses' station and appears to be counting patients. MHT #3 walked down hallway towards exit door. MHT #2 walked back toward exit door. MHT #3 and MHT #2 standing in hallway with 14 patients. 1854:09 - RN #5 walked back through the unit exit door onto the unit hallway. 1855:00 - Fourteen (14) patients lined up in hallway on [redacted]W unit to go to dinner. [redacted]West unit entering the cafeteria. 1855:50 - [redacted]W patients entered cafeteria (14 patients; MHT #2 and MHT #3) 1857:16 - Pt [redacted] was standing in the cafeteria tray line, turned and looked towards right side of cafeteria (wall of glass windows with a double glass door). 1857:19-27 - Pt [redacted] raised his right arm/hand and made motion with his right hand/fingers. 1857:28-55 - Pt [redacted] turns away from the tray line and walked between table #2 and #3 towards the glass door/windows. Appeared to look out glass door/window. 1857:59-11 - Pt [redacted] 1858:16-22 - MHT #2 walked from drink station across cafeteria to where Pt [redacted] was standing. MHT#3 is at the tray line with the patients assisting with utensils. Pt [redacted] and MHT #2 appeared to be talking. 1858:23-28 - Pt [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 26 [redacted] MHT #2 present. 1858:34 - Pt [redacted] turned and walked back towards the back of the cafeteria. MHT #2 present. 1858:43 - Pt [redacted] turned toward glass door, [redacted] MHT #2 present. 1858:45 - MHT #4 enters the cafeteria. 1858:47 - Pt [redacted] turned and walked toward the front of the cafeteria. MHT #2 walked past Pt [redacted] 1858:56 - Pt [redacted] turned toward glass door and [redacted] MHT #2 present. 1859:00 - MHT #4 walked towards Pt [redacted] and MHT #2. 1859:04 - Pt [redacted] leaning against glass door and [redacted] MHT #2 present. 1859:10 - MHT #4 entered table area of cafeteria and stood between tables 3 & 4. MHT #2 present with Pt [redacted] 1859:12 - Pt [redacted] MHT #2 present. 1859:17 - MHT #2 stepped up beside Pt [redacted] and turned and looked toward the tray line. 1859:21-33 - A couple of patients entered the table area near Table 3, one patient appeared to be talking to MHT #4. Pt [redacted] MHT #2 & MHT #4 observing. A patient stood at the end of table 3 watching and appeared to be talking with MHT #4. 1859:38 - MHT #2 appeared to be talking with Pt [redacted] 1859:47-1900:18 - MHT #4 walked from the cafeteria table area towards the cafeteria exit door to hallway. The patient that was standing at the end of table 3 sat down at table 3. MHT #4 exits the cafeteria into the hallway. Another patient sat down with his food tray at the opposite end of table 3 from the 1st patient near the glass	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 27 wall where MHT #2 and Patient [redacted] were standing. 1900:25 - Pt [redacted] MHT #2 standing beside Pt [redacted] 1900:33-40 - Pt [redacted] walked away from glass door and walked between table 2 and table 3 towards center of cafeteria. MHT #2 followed Pt [redacted] MHT #2 turned back towards Pt [redacted] and appeared to be talking to the patient sitting nearest the center of the cafeteria at table 3. MHT #3 turned from tray line and looked toward MHT #2 and Patient [redacted] 1900:43-1901:09 - Patient [redacted] walked behind MHT #2 and then [redacted] MHT #2 turned around and watched Pt [redacted] Pt [redacted] walked backwards for a few steps then turned and walked back towards the pole in the center of the cafeteria. MHT #2 turned and stood at the end of table 3 near center of cafeteria and watched Pt [redacted] Pt [redacted] MHT #2 watching from end of table 3 near center of cafeteria. MHT #3 watching Pt [redacted] from the tray line. The patient sitting at end of table 3 near center of cafeteria gets up and walks back over towards the other side of the cafeteria. Patients standing at the tray line watching Patient [redacted] Pt [redacted] MHT #2 standing at end of table 3 observing. MHT #3 watching Patient [redacted] from the tray line. Pt [redacted] walks back towards pole in center of cafeteria. MHT #2 observing patient. Pt [redacted] walks back towards glass door, then turns and walks past end of table 3 towards the back of the cafeteria. MHT #2 follows Pt [redacted] 1901:11-33 - Another patient leaves the tray line and sits down at Table 1 near the center of the cafeteria. MHT #2 picks up Pt [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 28 from the floor near the glass door. MHT #3 leaves the tray line and walks over towards MHT #2. Pt [redacted] turned and walked between Table 3 and 4. MHT #3 stopped near the end of Table 2 and 3 where MHT #2 was standing. Pt [redacted] walked around the end of Table 3 and walked back towards glass door between Table 2 and 3. MHT #3 walked back towards tray line passing Pt [redacted] MHT #2 places Pt [redacted] on the end of Table 3 across from where a patient is eating. Pt [redacted] picked up [redacted] from the end of the table and [redacted] 1901:34-37 - Pt [redacted] turns towards MHT #2 and reaches towards MHT #2 with [redacted] left hand. MHT #2 attempts to block Pt [redacted] hand. Pt [redacted] appeared to have something in [redacted] left hand and MHT #2 was trying to get it away from [redacted] 1901:39-43 - Pt [redacted] turned and walked towards the front of the cafeteria with MHT #2 following [redacted] MHT #3 turns from tray line area and begins walking towards Pt [redacted] and MHT #2. MHT #3 walked between Table 1 and 2. Stops at end of Table 1 and talks with MHT #2. Pt [redacted] walks around the front of Table 1 towards center of cafeteria near tray line. 1901:47-1902:10 - MHT #3 appears to be talking on radio. Pt [redacted] turned around and started walking back toward MHT #2 and glass wall of cafeteria. MHT #3 walked back towards glass wall between Table 1 and 2. Pt [redacted] walked towards end of Table 1. MHT #2 walked up beside the patient near the glass wall. MHT #3 backed past Pt [redacted] and MHT #2 blocking pathway between Table 2 and glass wall. Pt [redacted] turned and walked between Table 1 and 2 with MHT #3 and MHT #2 walking behind patient. Pt [redacted] walked towards back of cafeteria with MHT #3 and MHT #2 following [redacted] MHT #2 stopped near center pole in cafeteria and appears to be talking to other patients waiting at tray line.	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 29 Pt [redacted] turned around and started walking back towards front of cafeteria. MHT #3 walking beside [redacted] MHT #2 walked towards tray line where the other patients were waiting. 1902:14-27 - RN #5, RN #6, MHT #4 entered the cafeteria. Pt [redacted] stopped near center pole in cafeteria and watched door as it opened, then started walking back towards back of cafeteria. MHT #2 walked through cafeteria towards the staff that were entering the cafeteria. Pt [redacted] sat down at the 1st table off the center of the cafeteria with MHT #3 present. RN #5 walked towards Pt [redacted] and sat down on the table stool beside Pt [redacted] and appeared to be talking to the Patient. MHT #2, RN #6 and MHT #4 standing in center of cafeteria observing. 1902:28 - Pt [redacted] stands up and walked towards front of cafeteria with RN #5 and MHT #3. 1902:29-38 - One (1) staff member entered the cafeteria and then exited the cafeteria. MHT #2, MHT #4 and RN #6 standing at the doorway. 1902:37 - Pt [redacted] MHT #3 and RN #5 walked between Table 2 and 3, MHT #3 stopped near glass doors. Pt [redacted] then turned and walked back between Table 1 and 2 with RN #5 following. 1902:48 - Several other staff arrived and entered. Stood near cafeteria hallway door observing. 1903:04 - Pt [redacted] and RN #5 walked back towards back of cafeteria and Pt [redacted] sat down at table near center of cafeteria. RN #5 standing beside [redacted] Multiple other staff entered and TIC #11 sat at the opposite end of table from Pt [redacted] and appeared to be talking with [redacted] and RN #5. TIC #12 walked to other side of table. 1903:08 - Appears to be approximately 14 staff members inside the cafeteria. 1903:39-1904-05 - Other patients removed from the cafeteria. 1904:04-31 - Pt [redacted] walked towards opened	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 30 hallway cafeteria door. Door closed, Pt [redacted] turned and walked towards tray line, then walked between Table #1 and front wall of cafeteria. 1904:37 - Pt [redacted] towards center of cafeteria. TIC #11 making hand motion and appeared to be talking with the patient. RN #5 and MHT #3 standing nearby. 1904:39 - MHT #3 walked away. Pt [redacted] TIC #11 placed hand on table, RN #5 standing between Table 1 and 2. TIC #12 standing in front of glass doors observing. 1904:40 - Pt [redacted] RN #5 placed hand on table, TIC #11 walked towards Pt [redacted] talking with [redacted] 1904:45-59 - Pt [redacted] in front of tray line and [redacted] TIC #11 and TIC #12 placed hands on Pt [redacted] to stop [redacted] Pt [redacted] Staff attempted to get into doorway leading into kitchen. 13-14 staff members in the cafeteria area and 2 kitchen staff members in the kitchen area. 1904:59-1905-03 - TIC #12 and TIC #11 walked across tray line and followed Pt [redacted] into the [redacted] Kitchen door was opened and other staff from cafeteria began entering the kitchen area. 1905:13 - Several staff members walked back out of kitchen into cafeteria. 1905:14-22 - RN #13 and NM #1 came from outside and approached the kitchen door. (Unable to view kitchen door and/or kitchen area - no camera) 1905:39-43 - RN #13 and NM #1 leave the door area and walked back outside. 1905:46 - NM #1 runs behind wall outside kitchen door. RN #13 standing near cooler and fence	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 31 looking back towards kitchen door. Unidentifiable staff member standing outside kitchen door. 1905:53-59 - NM #1 peeps around fence wall, RN #13 walked back towards kitchen door. Pt [redacted] exiting from [redacted] to outside with multiple staff following him. RN #13 stands near end of walk-in cooler near fence. Pt [redacted] walked past RN #13 and NM #1 and [redacted] Pt [redacted] 1909:08 - Eleven (11) staff members standing in cafeteria with multiple staff members outside (out of cameral view) 1909:48 - All staff exit the cafeteria except MHT #3. 1910:45 - MHT #3 exits cafeteria. 1912:00 - End of Video. Interview on 02/06/2023 at 1407 with TIC #11 revealed [redacted] was working on 01/17/2023 and responded to the Code AIMZ called in the cafeteria involving Patient [redacted] Interview revealed Patient [redacted] Interview revealed Patient [redacted] Interview revealed [redacted] Interview revealed [redacted] Interview revealed [redacted] Interview revealed Patient [redacted] Interview revealed [redacted] Interview revealed that the staff attempted to [redacted] Patient [redacted] A second telephone interview on 02/09/2023 at	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 32 1625 with TIC #11 revealed [redacted] had been employed with the facility for [redacted] years. Interview revealed [redacted] worked on 01/17/2023 and recalled the incident with Patient [redacted] in the cafeteria. Interview revealed the MHTs in the cafeteria had called for a TIC prior to calling the Code AIMZ, however the TICs were responding to other codes and were not available. Interview revealed TIC #11 responded to the Code AIMZ called in the cafeteria. Interview revealed that when [redacted] arrived RN #7 was talking with Patient [redacted] TIC #11 revealed [redacted] sat down at the table with Patient [redacted] and started talking with [redacted] Interview revealed [redacted] TIC #11 said "I don't think [redacted] should have been off the unit. Interview revealed the other patients were removed from the cafeteria prior to Patient [redacted] Interview revealed Patient [redacted] Interview revealed TIC #11 did not recall the patient threatening the staff. Interview revealed [redacted] TIC #11 described [redacted] Interview revealed someone opened the back door of the kitchen and Patient [redacted] Interview revealed Patient [redacted] Interview on 02/07/2023 at 1335 LAC #17 revealed [redacted] was working in the admissions area, the morning of 01/17/2023 during Patient [redacted] Interview revealed Patient [redacted] Interview	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 33	{A 144}		

revealed Patient [redacted] Interview revealed Patient [redacted]

Telephone interview on 02/08/2023 at 1020 with the PO #16 (Police Officer) revealed the police department received the [redacted] call on 01/17/2023 at 1905, dispatched and enroute to facility at 1906 and arrived at the facility at 1908. Interview revealed Patient [redacted] at 1909. Interview revealed the officers [redacted] from Patient [redacted] and spent approximately 30 minutes at the scene talking with [redacted] prior to returning Patient [redacted] to the facility. Interview revealed the police department transported Patient [redacted] to [redacted] on [redacted] 2023 at 2211.

Interview on 02/08/2023 at 1040 with RN #5 revealed [redacted] had worked at the facility for [redacted] Interview revealed RN #5 worked the 7a-7p shift on 01/17/2023 and was reporting out to night shift when the Code AIMZ was called in the cafeteria. Interview revealed the on-coming night shift nurse responded to the Code and [redacted] remained on the unit. Interview revealed RN #5 did not recall any notes from the [redacted] requesting time limits on Patient [redacted] phone calls to [redacted] RN #5 stated that Patient [redacted] was offered more support after calls with [redacted]

Interview on 02/08/2023 at 1115 with MD #14 revealed [redacted] A second

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 34 interview with MD #14 on 02/09/2023 at 1150 revealed [redacted] did not recall the phone call for discharge orders or the unauthenticated orders in the medical record. Interview on 02/08/2023 at 1330 with MHT #2 revealed [redacted] had been employed at the facility for [redacted] Interview revealed MHT #2 worked the 7a-7p shift on 01/17/023 on the [redacted] West unit. MHT #2 revealed the staff did not manage/monitor the time Patient [redacted] spent on the phone with [redacted] MHT #2 revealed the staff had been instructed to monitor Patient [redacted] after [redacted] conversations with [redacted] Interview revealed Patient [redacted] talked with [redacted] on the phone prior to going to the cafeteria. Interview revealed there was no conversation about placing Patient [redacted] on unit restrictions. Interview revealed MHT #2 and MHT #3 escorted fourteen (14) patients from the unit to the cafeteria. Interview revealed Patient [redacted] Patient [redacted] MHT #2 left the drink area, walked to Patient [redacted] and attempted verbal de-escalation techniques. Interview revealed Patient [redacted] MHT #2 stated Patient [redacted] said [redacted] MHT #2 stated that when Patient [redacted] realized the situation was getting [redacted] Patient [redacted] MHT #2 picked up [redacted] and placed them on the end of a table. Interview revealed the battery in MHT #3's radio died and MHT #3 came and got my radio. Interview revealed MHT #2	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 35 "screamed" for MHT #3 to call a Code AIMZ when Patient [redacted] MHT #2 stated [redacted] tried to block Patient [redacted] Interview revealed MHT #3 had called for TIC #12 prior to calling the Code AIMZ but there were two (2) other codes called and the TIC had responded to the other codes. Interview revealed several staff arrived after calling the Code. TIC #11 was sitting at the table talking with Patient [redacted] Patient [redacted] stated [redacted] MHT #2 indicated other personnel arrived and the other patients in the cafeteria were removed. Interview revealed Patient [redacted] MHT #2 stated TIC #12 and TIC #11 crossed over the serving line and followed Patient [redacted] Interview revealed two (2) staff members went to the outside door of the kitchen. MHT #2 stated [redacted] heard someone holler [redacted] Interview revealed [redacted] heard NM #1 tell Patient [redacted] to [redacted] Interview revealed that MHT #2 stated [redacted] should have "called code earlier and attempted to remove the patient from the cafeteria." Interview revealed MHT #2 had received training on de-escalation techniques. Interview on 02/08/2023 at 1505 with MHT #3 revealed [redacted] had worked at the facility for [redacted] Interview revealed MHT #3 worked the 7a-7p shift on 01/17/2023 on the [redacted]-West unit. Interview revealed MHT #3 asked Patient [redacted] to	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 36 get off the phone so [redacted] could go to dinner. Interview revealed Patient [redacted] hung up the phone and then slid the phone across the hallway floor towards the MHTs feet. Interview revealed this was [redacted] first time working with Patient [redacted] and that [redacted] did not hear any conversations that would have provoked [redacted] behaviors. Interview revealed MHT #2 attempted to verbally de-escalate Patient [redacted]. Interview revealed MHT #3 called TIC #12 for assistance in cafeteria. Interview revealed MHT #3 called Code AIMZ after Patient [redacted] TIC #11 and TIC #12 responded to the cafeteria and sat down with Patient [redacted] at a table and talked attempting to verbally de-escalate. Interview revealed Patient [redacted] Patient [redacted] was not ordered unit restrictions. Interview revealed the Code AIMZ should have been called earlier but "at the same time didn't want to elevate patient further." MHT #3 stated that when patients were acting out behaviors outside the unit, the staff should "remove patients earlier, try to get patient back on the unit. Interview on 02/08/2023 at 1555 with RN #13 revealed [redacted] was working on 01/17/2023. Interview revealed RN #13 responded to the Code in the cafeteria with NM #1. RN #13 stated that when [redacted] arrived the other patients were still in the cafeteria. RN #13 with assistance from other staff removed the other patients from the cafeteria. Interview revealed the staff in the cafeteria attempted to verbally de-escalate Patient [redacted] Patient [redacted] Interview revealed RN #13 and NM #1 left the cafeteria and went outside to the back door of the kitchen. Interview revealed NM #1 opened the back door to the kitchen and yelled to	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 37 check the status of co-workers. Interview revealed NM #1 yelled to the patient to [redacted] Interview revealed Patient [redacted] Interview revealed RN #13 was assigned to a different unit and was not aware that Patient [redacted] was on [redacted] Interview revealed that [redacted] was not sure if patients under [redacted] should be allowed to leave the facility. Interview revealed RN #13 had received de-escalation training. Telephone interview on 02/09/2023 at 1022 with AC #9 revealed [redacted] had been employed at the facility for approximately [redacted] Interview revealed AC #9 was no longer employed at the facility. Interview revealed AC #9 received a call from the facility on 01/17/2023 at 1930 and was informed that [redacted] AC #9 stated [redacted] informed the caller that [redacted] Interview revealed " [redacted] Interview revealed [redacted] received a call back from the NM #1 as it was after hours and the [redacted] did not answer. AC #9 informed NM #1 that [redacted] would come to the facility. Interview revealed AC #9 attempted to reach Patient [redacted] without success so [redacted] contacted the on-call [redacted] AC #9 arrived at the facility on 01/17/2023 at 2000 and spoke with the police that were present at the facility. Interview revealed the decision was made to discharge the patient [redacted] Police department left the facility at 2211 with Patient [redacted] Interview on 02/09/2023 at 1153 with PA #18	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 38	{A 144}		

revealed Patient [redacted] had made a comment to a nurse that [redacted] Interview revealed PA #18 assessed Patient [redacted] and determined that Patient [redacted] did not have any signs that would require unit restrictions after [redacted] during the morning of 01/17/2023. Interview revealed PA #18 received notification from RN #6 on 01/17/2023 at 1930 reference the incident with Patient [redacted] in the cafeteria. Interview revealed the nurse asked if Patient [redacted] would be discharged and [redacted] informed the nurse [redacted] would have to call the on-call physician.

Interview on 02/09/2023 at 1423 with TIC #12 revealed Patient [redacted] had called [redacted] prior to going to dinner. TIC #12 stated [redacted] was told by one of the MHTs on the unit but did not recall if [redacted] received the information before or after the incident in the cafeteria that [redacted] Interview revealed that if TIC #12 felt a patient should be placed on unit restrictions, [redacted] would first discuss with the RN and if the RN was not willing to call the provider, "I would have called the doctor." Interview revealed the MHTs in the cafeteria had called [redacted] prior to calling the Code AIMZ, but [redacted] was not available to assist them as [redacted] was busy responding to two other codes. Interview revealed TIC #12 responded to the Code AIMZ when called in the cafeteria. Interview revealed Patient [redacted] Interview revealed the staff did not attempt to remove Patient [redacted] from the cafeteria because they did not feel [redacted] would have cooperated. Interview revealed TIC #12 instructed other staff to remove the other patients from the cafeteria. TIC #12 stated Patient [redacted]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 39 [redacted] Patient [redacted] Interview revealed TIC #12 and TIC #11 followed Patient [redacted] Staff were unable to access the kitchen door so I opened the door as I passed by. Patient [redacted] Patient [redacted] Patient [redacted] Patient [redacted] Interview revealed the staff attempted verbal de-escalation. Interview revealed someone opened the back door and said [redacted] Interview revealed Patient [redacted] TIC #12 stated [redacted] followed Patient [redacted] Interview revealed NM #1 discussed the incident with TIC #12 and TIC #11. Interview revealed [redacted] did not have an interview with RM #10. Telephone interview on 02/10/2023 at 0945 with RN #7 revealed [redacted] had worked in the [redacted] Interview revealed RN #7 worked a 3-month contract with the facility from June 2022 to September 2022 and a second 3-month contract from November 2022 to January 2023. Interview revealed RN #7 was assigned to work 7p-7a on 01/17/2023 on the [redacted] West unit. Interview revealed RN #7 clocked in at 1900 on 01/17/2023 and about half-way through hand off report the Code AIMZ was called	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 40 in the cafeteria. Interview revealed [redacted] responded to the Code AIMZ and learned that Patient [redacted] Interview revealed when RN #7 arrived, staff were attempting to verbally de-escalate the patient. Interview revealed RN #7 attempted to talk with the patient. Interview revealed RN #7 did not recall Patient [redacted] Interview revealed Patient [redacted] RN #7 stated [redacted] heard someone in the kitchen area scream. Patient [redacted] Interview revealed NM #1 devised plan to inform Patient [redacted] Interview revealed the police responded quickly. Interview on 02/10/2023 at 1030 with NM #1 revealed [redacted] was covering as the House Supervisor on 01/17/2023. Interview revealed the facility had a Code AIMZ called at 1845, 1900 and about 1905. Interview revealed NM #1 responded to the Code AIMZ called in the cafeteria but did not enter the cafeteria. Interview revealed the NM #1 stood outside the cafeteria doors in the hallway and looked through the window. NM #1 stated that someone inside the cafeteria told [redacted] that Patient [redacted] Interview revealed that when [redacted] looked through the cafeteria door window, [redacted] could see Patient [redacted] sitting at a table talking with staff. Interview revealed the staff in the cafeteria removed the other patients. Interview revealed "Didn't want to be a part of the problem, so just stood at door looking through the window, waiting." Patient [redacted]	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 41 [redacted] Facility staff walked and talked with the patient in the cafeteria. Interview revealed NM #1 saw Patient [redacted]. NM #1 said "Watching trying to process what [redacted] is doing. Sometimes we have to just wait and see. Immediate risk to self and others before we do a restrictive intervention." Interview revealed Patient [redacted] "Still trying to process what is [redacted] doing. Did not see body language." NM #1 stated Patient [redacted] Interview revealed [redacted] first thought was that [redacted] Interview revealed NM #1 opened the back kitchen door and asked [redacted] Interview revealed NM #1 heard Patient [redacted] NM #1 stated [redacted] Interview revealed the NM #1 called 911. Interview revealed the NM #1 watched Patient [redacted] Instructed RN #13 to step back out of the way and I stepped around the corner as the patient walked towards the door. NM #1 stated [redacted] heard [redacted] Interview revealed the police arrived and requested to see the kitchen area and [redacted] Interview revealed the staff in the kitchen had [redacted] and provided the police officer [redacted] at their request. Interview revealed Patient [redacted] was on [redacted] Interview on 02/10/2023 at 1200 with the Dietary	{A 144}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 144}	Continued From page 42 Manager revealed [redacted] was working the night of 01/17/2023. Interview revealed [redacted] was in the kitchen area washing dishes when Patient [redacted] Interview revealed [redacted] heard a noise outside the cafeteria door (leads to kitchen area) and walked towards the door where he met Patient [redacted] Interview revealed [redacted] Interview revealed the Dietary Manager had used [redacted] Interview revealed the Dietary Manager did not recall Patient [redacted]	{A 144}		
{A 263}	QAPI CFR(s): 482.21 The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.	{A 263}	See response to A 286	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 263}	Continued From page 43 This CONDITION is not met as evidenced by: Based on review of the hospital policy review, medical record review, review of incident reports and staff interviews, the hospital staff failed to report, analyze, and track patient care incidents in quality assurance and performance improvement. Findings included: 1. The hospital staff failed to ensure tracking and trending of medical errors by failing to document an incident for improvement opportunities. ~cross refer to 482.21 QAPI Standard: Patient Safety, Medical Errors & Adverse Events Tag A0286	{A 263}		
{A 286}	PATIENT SAFETY CFR(s): 482.21(a), (c)(2), (e)(3) (a) Standard: Program Scope (1) The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will ... identify and reduce medical errors. (2) The hospital must measure, analyze, and track ...adverse patient events ... (c) Program Activities ..... (2) Performance improvement activities must track medical errors and adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospital. (e) Executive Responsibilities, The hospital's governing body (or organized group or individual	{A 286}	Action The CEO reviewed the role and responsibility of the Facility Risk Manager to track and analyze incidents, communicate trends and/or risks and facilitate communication with multidisciplinary team members in order to assist in providing safe quality care to patients and reduce risk . The CEO provided re-education and counseling to the Director regarding identification of risk and the expectation to facilitate/initiate immediate actions in order to protect the safety of the patients. Understanding of expectations was verified by signed attestation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 286}	Continued From page 44 who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for ensuring the following: ... (3) That clear expectations for safety are established. This STANDARD is not met as evidenced by: Based on facility policy review, medical record review, review of incident report, police log, and staff interviews, the hospital staff failed to ensure tracking and trending of medical errors by failing to document an incident for improvement opportunities for 1 of 6 patient incidents reviewed (Patient [redacted] The findings included: Review of the facility policy,Incident Report (IR) Incident Reporting Process, last revised 12/15/2021, revealed, "... Incident expected to be reported via the IR/incident reporting process constitute any of the following incident types as delineated on the IR/Incident Report form, but may not be limited to this list: ...injury/physical harm to patients, staff, or third parties... patient injury... physical confrontations... Any healthcare facility employee who discovers, is directly involved in or responds to an incident is to complete or direct completion of an IR/Incident Report as soonafter the eventas possible, but not later than the end of the shift..." Review of the Incident Report Log on 02/06/2023 failed to reveal any incidents dated 12/24/2023 related to Patient [redacted] Review of the Police Log on 02/10/2023 failed to reveal any documented police visits for the month of December.	{A 286}	The Director of RM/PI reviewed and revised Incident Reporting Policy on 3/1/23 to clarify that the person with direct knowledge of the incident is responsible for completing an incident report by their end of the shift. Additional policy revisions included clarification regarding what events to report, when to report, and to whom to report, including the need to complete an incident report whenever police are contacted. The Director of RM/PI created and posted an Incident Reporting Guide prominently on each unit to provide a visual reminder to staff regarding incident reporting. A Resource Binder was also created and placed on each unit to provide immediate access to information regarding Incident Reporting. The binder includes a copy of the policy, Reporting Guide, and Frequently Asked Questions. The CEO made the decision to separate the responsibilities of Risk Management and Performance Improvement and created a new position, Director of Performance Improvement. The new position is responsible for the facility quality assurance and performance improvement program including the tracking of patient care incidents, analysis and facilitation of performance improvement initiatives. (See attached job description). The position was approved by the Governing Body and posted on 2/15/23 with a hire date goal of 4/15/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 286}	Continued From page 45 Closed medical record review of Patient [redacted] revealed a [redacted]year-old [redacted] patient who was [redacted] to the facility on [redacted]2022 at 1020. Review of the History and Physical dated 12/16/2022 at 1135 revealed a diagnosis of [redacted] Review of the Psychiatric Evaluation dated 12/16/2022 at 1555 revealed [redacted] Review of the Nursing Notes dated 12/24/2022 at 1800 revealed, [redacted]	{A 286}	Training The CEO required the Director of RM/PI to attend Facility Risk Management Training on Investigating Events provided by corporate Risk Management staff. The Director of RM/PI provided education to the RNs, LPNs, MHTs, Therapy Staff and Providers regarding the revised policy and procedure for incident reporting and the requirement for the person with direct knowledge of the incident to complete the incident report prior to the end of the shift or as soon as possible. Training for the process of completing the incident report was provided to the MHT staff and any others not previously required. Policy revisions made 3/1/23. Training as outlined above regarding incident reporting was provided in small group settings and/or individually to RN's, LPN's, MHT's, Therapy Staff and Providers. Understanding of policies and expectations for compliance was acknowledged through written attestation. Competency for completing incident reports was assessed by written examination. The HRD verified training information/materials were added to the new hire orientation and annual trainings.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 286}	Continued From page 46 [redacted] Review of Physician Progress Note dated 12/25/2022 at 2327 revealed, [redacted] Interview on 02/07/2023 at 1530 with RM #10 revealed there was no record of an incident report related to Patient [redacted] dated 12/24/2022. Interview revealed that Risk Management was unaware of the incident involving Patient [redacted]. Interview revealed that an incident report was expected to be entered by nursing staff. Interview on 02/08/2023 at 1015 with SC #19 revealed SC #19 responded to the Code AIMZ for Patient [redacted] Interview revealed Patient [redacted] had [redacted] during the incident on 12/24/2022. Interview revealed the police were called to the facility and a police report was filed. Interview revealed that staff members had [redacted] Interview on 02/08/2023 at 1315 with MHT #22 revealed MHT #22 was present during the incident on 12/24/2022 with Patient [redacted] Interview revealed MHT #22 does not have access to the incident reporting system. Interview revealed the incident has to be reported to the nurse or nurse supervisor to be entered into the system. Interview on 02/08/2023 at 1400 with RN #21 revealed that RN #21 was Patient [redacted] assigned nurse on 12/24/2022. Interview revealed that RN #21 was aware that incident reports were supposed to be entered, but could not recall if an incident report was placed after the 12/24/2022	{A 286}	Monitoring: Each House Supervisor monitors completion of incident reports prior to the end of each shift. The House Supervisor documents all incidents on the Nursing Supervisor Report. The CNO and Risk Manager review and reconcile the Nursing Supervisors shift report and incident reports to verify completion of incident reports for all reported incidents. Identified deficiencies with failure to follow Incident Reporting policy are addressed immediately and continued non-compliance results in additional corrective actions up to and including termination. Aggregated data regarding accurate reporting of incidents is reported monthly to the Quality Council, MEC and Governing Body. Goal: 100% compliance with accurate reporting of incidents. Ongoing monitoring. All incidents are reviewed with the leadership team during the daily morning meeting to discuss investigation/review activities needed. On a weekly basis, the CEO and Director of PI/RM review all incident reports for the week as well as investigations to ensure that an adequate investigation has been completed for each. On a monthly basis, the Director of RM/PI submits an analysis of all incident reports that includes aggregated data by type of incident, units, shifts, staff involved, and trends; as well as corrective	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 286}	Continued From page 47 incident with Patient [redacted] Interview on 02/10/2023 at 0915 with NM #20 revealed the police log captured whenever the law enforcement was called to the facility. Interview revealed the expectation for nursing staff to enter incident reports on the shift that the incident occurred. Follow up Interview on 02/10/2023 at 1015 with RM #10 revealed that there were no entries on the police log for the month of December. Interview revealed Risk Management was not aware that the police were called to the facility in related to the incident on 12/24/2022. Interview revealed the expectation that an incident that involved patient or staff injuries would be entered into the incident reporting system. Interview on 02/10/2023 at 1040 with CEO #23 revealed that the incident involving Patient [redacted] should have been reported via the Incident Reporting system. Interview revealed that the facility emphasized reporting to staff and had planned coaching for the nursing staff who did not report the incident.	{A 286}	actions taken and/or recommended. The analysis is submitted to the Quality Council, MEC, and Governing Body. Any failure to adequately investigate an individual incident or perform a trending analysis will be addressed by the CEO with additional training or disciplinary action as appropriate. The CEO provides a progress report on the status of recruitment for the Director of Performance Improvement position monthly to the Governing Body until the position is filled. Target hire date is 4/15/23. Responsible: Director RM/PI	
{A 385}	NURSING SERVICES CFR(s): 482.23 The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse. This CONDITION is not met as evidenced by: Based on hospital policies review, medical records review, internal incident investigations, video monitoring review, and interviews, the	{A 385}	See response to A 395	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 385}	Continued From page 48 hospital's nursing staff failed to have an effective nursing service providing oversight of day to day operations by failing to ensure systems were in place to supervise and provide safe delivery of care to behavioral health patients. Findings included: 1. The hospital staff failed to supervise an [redacted] patient on [redacted] to prevent a patient [redacted] ~cross refer to 482.23(b)(3) Nursing Services Standard: RN Supervision of Nursing Care Tag A0395	{A 385}		
{A 395}	RN SUPERVISION OF NURSING CARE CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on hospital policies review, medical records review, internal incident investigations, video monitoring review, and interviews, the hospital staff failed to supervise an [redacted] patient on [redacted] to prevent a patient [redacted] for 1 of 1 patients that [redacted] (Patient [redacted]. Findings included: Review of the hospital policy titled "Elopement PC-1-020" approved 08/12/2021 revealed " ... Policy: When a patient leaves the facility without authorization, the facility has a responsibility to notify designated persons or authorities. All attempts will be pursued to return a patient to the	{A 395}	Action The CNO and Risk Manager reviewed and affirmed the following policies contained correct instruction to staff: • Policy "Elopement PC-1-020"- requires staff to be assigned to responding to an elopement event, attempt to locate and prevent the patient from leaving the facility property as well as notifying designated persons or authorities if a patient leaves the facility without authorization. No revisions necessary. • "Patient Observation Policy PC-1-002" provides guidance to staff regarding timing and interval of rounding in order to minimize planned acting out opportunities. No revisions necessary.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 49 facility. Procedure: A. A 'Code E' is called immediately over the facility paging system by any staff member having knowledge of a patient in process of eloping. The code should identify the location the patient appears to be heading. B. Staff assigned as responsible for responding to an elopement event ...will attempt to locate and prevent the patient from leaving facility property. ..." Review of the hospital policy titled "Patient Precaution/Restriction Level PC-1-004" approved 08/12/2021 revealed " ... Procedure: ...d. Patient Precaution Levels ...Elopement - Current or prior elopement attempt, gesture (e.g., pushing or damaging doors, forcing windows), verbalized intent to leave, ideation or plan for elopement. ... Self-Harm - Current or recent self-harming behavior, attempt, gesture, verbalized intent, threat, plan or ideation involving self-harm, which would result in loss of functioning or disfigurement., Assault or Aggression - Current or recent assault behavior, attempt, gesture, verbalized intent, threat, assault ideation, or aggressive behavior directed toward another person. ..." Review of the hospital policy titled "Psychiatric Emergency (Code AIMZ-Actively Involved in Making it Zero) PC-1-008" approved 08/12/2021 revealed "Policy Statement: To provide adequate backup crisis intervention when a patient's behavior has escalated beyond the effective use of verbal intervention and/or available human resources are inadequate to safely manage the psychiatric emergency. ...philosophy to utilize all options of de-escalation before hands are placed on a patient unless there is imminent danger to self or others. ... Policy: Patients will be provided	{A 395}	The CNO and Director of RM/PI reviewed and revised the following policies to improve patient safety. • "Patient Precaution/Restriction Level PC-1-004" – revised Elopement Precautions to include additional interventions such as the unit restriction, slipper socks, etc. Revised 3/6/23. • "Patient Precaution/Restriction Level PC-1-004" – revised to include the ability of the RN to initiate safety precautions. • based upon their clinical assessment until the patient is seen and reassessed by the provider. Revised 3/6/23. • "Psychiatric Emergency Code PC-1-008 – revised to provide additional guidance regarding assessment and identification of imminent risk to self/others, role of leader during crisis situation, decision making and proactively responding to crisis. Revised 3/2/23. • "Incident Reporting" – revised to clarify the process for reporting events including what to report, who is responsible for reporting, who to report to, time frames for reporting incidents, as well as guidelines for contacting the police. Guidelines include contacting the CEO/AOC and/or Risk Manager to assure situation requires police involvement prior to contacting the police. Revised 3/1/23.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 50 intervention by staff trained in appropriate Crisis Prevention Intervention (CPI) to assist them in regaining control of their imminently dangerous behavior to self and others. ..." Review of the hospital policy titled "Patient Observation Policy PC-1-002" approved 08/12/2021 revealed " ... Unit Nurse: a. Assigns responsibility for completion of patient observation rounds at the beginning of each shift. ... Mental Health Technician (MHT): ... c. Observe and document each patient a minimum of every 15 minutes and/or according to precaution level. ... d. Perform rounds at staggered intervals and in a varying pattern or sequence throughout the unit to minimize planned acting out opportunities. ..." Review of the closed medical record for Patient [redacted] revealed a [redacted] year-old [redacted] admitted as [redacted] on [redacted]/2023 at 1030 with a diagnosis of [redacted] Review of the PSYCHIATRIC SBAR (Situation, Background, Assessment Recommendation) - INTAKE TO UNIT PATIENT REPORT WORKSHEET" documented on [redacted]2023 by the Lead Admissions Clinician (LAC) #17 at 1200 revealed [redacted] Review of the "Order to Admit" dated [redacted]/2023	{A 395}	The CEO conducted a series of Town Hall Meetings on 3/3/23 to communicate the organizations mission and expectation to provide quality care in a safe setting without police assistance and the commitment of the leadership team to support staff by providing additional training resources as well as any other needs identified through quality reviews and staff feedback. Staff attendance was documented on an attendance log. Information provided during the Town Hall Meeting was communicated to staff not in attendance in writing from the CEO via email, posting in staff lounge and unit communication books. The CNO, HRD and Clinical Training Coordinator reviewed and revised Crisis Intervention training to include an additional eight (8) hours for a total of sixteen (16) hours of training at the time of new hire orientation to allow for content learning, application opportunities, and skills practice. A four (4) hour abbreviated version of this training was provided to current staff (RNs, LPNs, MHTs, Therapy staff) by 3/10/23. CPI recertification training is provided every 6 months for RNs, LPNs, MHTs, and Therapy staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 51 at 1719 revealed every 15-minute observation checks. Review of the "DE-ESCALATION ASSESSMENT AND PLAN" documented by the Lead Admissions Clinician (LAC) #17 on 01/06/2023 at 1130 revealed [redacted] Review of "High Risk Notification Alert" documented on 01/06/2023 at 1130 revealed [redacted] documented on admission. Review of the Admissions Intake Assessment documented on 01/06/2023 at 1200 revealed that Patient [redacted] had [redacted]	{A 395}	The Risk Manager and CNO re-implemented the incident reporting process outlined in policy requiring the person with direct knowledge of the incident to complete the incident report prior to the end of the shift. The practice of not allowing MHTs to enter reports was discontinued and the expectation for compliance with the policy was communicated to all MHTs and nursing staff. The facility IT coordinator assigned login credentials for all MHTs and credentials were provided to MHTs by the Risk Manager/designee. Receipt of credentials and understanding of process was acknowledged through written attestation. All direct care staff including RNs, LPNs, MHTs, Therapy staff received training on policy requiring the person with direct knowledge of the incident to complete the incident report prior to the end of the shift. Understanding of the new process was acknowledged through written attestation. The CEO, Director of Plant Operations, and Dietary Manager made physical modification to the kitchen area to improve safety and reduce access to the kitchen area and sharps. Modifications included: • Securing area around serving line by extending the wall area down from ceiling to the Plexiglas barrier to prevent patients from climbing over the serving line.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 52 [redacted] Review of the Nursing Admission Assessment documented on 01/06/2023 at 1300 revealed vital signs were [redacted] Nursing assessment revealed documentation that Patient [redacted] was [redacted] Continued review of the Nursing Admission Assessment revealed "Does the patient have a history of assault/threats towards healthcare workers/patient in a healthcare setting? [redacted] Review of the "New Patient Orientation Check List & Unit Rules" that were reviewed with Patient [redacted] on 01/06/2023 at 1310 by RN #6 revealed a (checked box) which read "Patients are not allowed in the nutrition kitchen area." Review of the telephone physician's orders dated 01/06/2023 at 1322 and entered at 1400 revealed Patient [redacted] was admitted to MD #14 and attending physician was MD #26. Telephone physician's orders dated 01/06/2023 at 1322 and entered at 1400 revealed [redacted] Review of the "Contact Information" form completed on 01/06/2023 at 1400 by RN #6 revealed a post-it note, not dated or timed, stuck on the information sheet that read [redacted] Review of the "Communication Log" for Patient [redacted] revealed [redacted] on 01/17/2023	{A 395}	• Installation of a locked door between the serving line and the kitchen • Dining tables were secured to the floor to prevent an opportunity to access unauthorized areas. • Installation of a locked knife safe where all knives are stored when not in use. The CEO revised the Leadership Rounds Checklist on 2/9/23 to include a prompt and requirement to inspect the cafeteria/kitchen area to verify limited access to the kitchen and the safe storage of knives in the locked cabinet during meal times. Leadership conducts rounds in the kitchen one time during each meal period every day. The CNO reviewed and revised job descriptions and clarified the role and responsibilities of the Unit RN, Therapeutic Intervention Coordinator (TIC) and MHT. Clarification included: • The unit RN is ultimate responsibility for the supervision and safe care of patients, including making assignments for all MHT staff and directing care provided by the nursing/MHT team during that shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 53 at 0919, 1111 and 1817. History and physical completed on 01/07/2023 at 0855 by a Physician Assistant and co-signed by MD #26 on 01/07/2023 at 1810. Psychiatric evaluation completed by MD #26 on 01/07/2023 at 1324. Record review revealed a "Psychosocial Addendum for Collateral/Family Contact" was completed by AC #9 on 01/09/2023 at 1600. Review of the medical record revealed the Admissions Clinician (AC #9) attempted to complete the Psychosocial Assessment on 01/09/2023 and again on 01/10/2023 but was unable to speak with Patient [redacted] due to [redacted] Review of the medical record revealed the Psychosocial Assessment was completed by AC #9 on 01/13/2023 at 1000. The Psychosocial Assessment revealed [redacted]	{A 395}	• Under the direction of the RN, the TIC assists nursing/MHT staff with milieu management support and proactive responses to patient behaviors in order to reduce need for crisis management. • MHT responsibilities include monitoring of patient behaviors, identification of y safety risk, communication of changes in patient condition, and proactive intervention in order to reduce the risk of patient aggression resulting in harm to self or others. Training The CNO/designee provided re-education to nursing staff (RNs. LPNs and MHTs), therapy staff and Medical Staff on the following requirements of the revised policies and procedures: • "Patient Precaution/Restrictions" and use of additional interventions such as unit restriction, and slipper socks for patients placed on Elopement Precautions. Revised 3/6/23 • "Patient Precaution/Restrictions" including the RN's ability to initiate precautions and interventions such as unit restriction, increased level of observations based on their clinical assessment until the provider reassesses the patient. Revised 3/6/23 • "Psychiatric Emergency Code" and the assessment/identification of imminent risk, proactive intervention, leadership role during code and use of decision-making matrix during crisis. Revised 3/2/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 54 [redacted] Record review revealed the initial nursing treatment plan for Patient [redacted] was completed on 01/06/2023 at 1300. Record review revealed the Interdisciplinary Treatment Plan was completed on 01/09/2023 at 0830. Review of an electronic Provider's telephone order revealed a [redacted] dated 01/09/2023 at 1530 for a [redacted] Review of a Provider's Progress Note dated 01/09/2023 at 1543 revealed [redacted] Record review revealed the "Master Treatment Plan" was updated on 01/09/2023 after the patient-to-patient [redacted] with a goal target date of 01/16/2023. Record review revealed documentation on the Nursing Progress note	{A 395}	• "Incident Reporting" and the requirements for reporting incidents including what to report, to whom to report, time frames for reporting and guidelines for contacting the police. Revised 3/1/23 The Risk Manager/designee provided education to all MHTs on the use of login credentials and entering incident reports in Midas. Receipt of credentials was acknowledged through written attestation. Competency regarding completion of incident report was assessed through written examination. The CNO/designee and Clinical Training Coordinators provided a 4 hour abbreviated Milieu Management and Non-violent Crisis Management training as referenced above to all RN's, LPN's and MHT's. Training which is included in the additional day of CPI training included: • Use of Crisis Development Model and proactive response to a crisis • Use of Decision Making Tool during crisis • Understanding and identifying imminent risk • Review and practice of non-restrictive and restrictive interventions	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 55 dated 01/09/2023 at 2014 that Patient [redacted] was involved [redacted] on 01/09/2023. Nursing Progress note documented on 01/10/2023 at 1936 revealed [redacted] [redacted] Review of a Provider's Progress Note dated 01/10/2023 at 1356 revealed [redacted] [redacted] Review of an electronic Physician Assistant's orders dated 01/13/2023 at 1106 revealed Patient [redacted] placed on medication observation and mouth check after medication administration. Review of a Provider's Progress Note dated 01/13/2023 at 1434 revealed [redacted] Review of a Provider's Progress Note dated 01/14/2023 at 1509 revealed [redacted] Nursing Progress note documented on 01/14/2023 at 2145 revealed [redacted]	{A 395}	The CEO provided training to the Leadership team on 2/17/23 regarding the revised Leadership Rounds Checklist and the requirement to inspect the cafeteria/kitchen area to verify limited access to serving line/kitchen and secure storage of knives in the locked cabinet for each meal period. The CNO and HRD verified all training information/materials are included in the New Hire Orientation and Annual Trainings. All training as described above was provided in small group settings and/or individually. Understanding of policies and expectations for compliance was acknowledged through written attestation. Competency for completing incident reports, milieu management and crisis management was assessed through written examination and/or return demonstration. All training was completed by 3/10/23. Any staff (RN, LPN, MHT, Therapy Staff and Medical Staff) who did not complete the training as outlined above by this date were required to complete prior to the beginning of their next assigned shift.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 56 [redacted] Review of an electronic Physician Assistant's telephone order dated 01/15/2023 at 0957 revealed [redacted] (as needed). Review of a Provider's Progress Note dated 01/15/2023 at 1914 revealed [redacted] Review of a Provider's Progress Note dated 01/16/2023 at 1620 revealed [redacted] Nursing Progress note documented on 01/16/2023 at 0700 revealed [redacted] Nursing Progress note documented on 01/16/2023 at 2135 revealed [redacted] Review of the "Patient Observation Record" for 01/17/2023 revealed every 15-minute observations were completed from 0000 through 2145. Review of the	{A 395}	The Divisional Director of Nursing provided training to the Nurse Managers, House Supervisors and unit RNs regarding the role and responsibilities of a nurse leader to include, but not limited to, responsibilities, standards of care, quality and safety and critical thinking skills. The CNO/designee provided re-education to the RNs, LPNs, and MHTs on the distinctions between the roles and responsibilities of the RN, TIC, and MHT with an emphasis on the RNs responsibility for the direction and supervision of the care of the patients. All training as outlined above was provided in small group settings and/or individually to RN's, LPN's and MHT's. Understanding of policies and expectations for compliance was acknowledged through written attestation. HRD verified that training information/materials are included in new hire orientation and annual training. Monitoring: Each shift, the House Supervisor monitors patient precautions and verifies patients identified at risk for elopement are placed on Elopement precautions and have an additional intervention such as unit restriction, use of slipper socks, etc. The audit is submitted to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 57 observation record revealed that on 01/17/2023, Patient [redacted] was [redacted] at 1815, [redacted] at 1830, [redacted] at 1845, [redacted] at 1900, [redacted] at 1915, [redacted] at 1930, [redacted] at 1945, [redacted] at 2000, [redacted] from 2015 to 2030 and [redacted] at 2045. Review of "DISCHARGE PLAN PART I" documented on 01/17/2023 at 0615 revealed [redacted] [redacted] Review of "DISCHARGE ORDER PRE-DISCHARGE EVALUATION OF RISK TO SELF/OTHERS" completed on 01/17/2023 and signed by provider on 01/18/2023 at 1200 revealed [redacted]	{A 395}	the CNO daily for review and monitoring. Findings are reviewed in Daily Nurse Leadership shift reports. Identified deficiencies regarding patients identified at risk of elopement not correctly placed on precautions and unit restriction are addressed immediately and continued non-compliance results in additional corrective actions up to and including termination. Goal: 100% compliance with identified patients at risk for elopement are assigned precautions and additional intervention such as unit restriction and/or slipper sock. Monitoring is ongoing. Aggregated data regarding assignment of interventions for patients on Elopement Precautions is reported monthly to the Quality Council, MEC and Governing Body. Each House Supervisor monitors completion of incident reports prior to the end of each shift. The House Supervisor documents all incidents on the Nursing Supervisor Report. The CNO and Risk Manager review and reconcile the Nursing Supervisors shift report and incident reports to verify completion of incident reports for all reported incidents. Identified deficiencies regarding completion of incident reports are addressed immediately with corrective action and continued non-compliance results in additional corrective actions up to and including termination. Goal: 100% compliance entering incident reports	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 58 [redacted] Review of a Provider's Progress Note dated 01/17/2023 at 1422 revealed [redacted] Nursing Progress note documented by RN #5 on 01/17/2023 at 1100 revealed [redacted] Review of a	{A 395}	accurately and timely for all reportable events on an ongoing basis. Monitoring is ongoing. Aggregated data regarding accurate reporting of incidents is reported monthly to the Quality Council, MEC and Governing Body. The CNO and Director of RM/PI implemented unannounced Mock Code Drills to simulate crisis situations and to allow staff continued opportunities to practice crisis management skills developed during new hire and annual Milieu Management/Crisis Intervention training including, but not limited to identification of escalating behaviors/imminent risk, proactive responses to crisis, decision making and use of non-restrictive and restrictive interventions. The CNO created a Mock Code Drill Schedule occurring a minimum of one time per shift per week for one month, then will be reduced to one time per shift, per month on an ongoing basis. The CNO and Director of RM/PI are using the Mock Code Drills to assess staff performance, coach staff, and identify additional training needs. Aggregated data on mock drills, including recommendations for training or other actions is submitted monthly to the Quality Council, MEC, and Governing Body.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 59 Nursing Progress note documented by RN #6 on 01/17/2023 at 1130 revealed [redacted] [redacted] Nursing Progress note documented by RN #5 on 01/17/2023 at 1600 revealed [redacted] Review of Nursing Progress notes documented by NM #1 dated 01/17/2023 at 1905 revealed [redacted]	{A 395}	CNO/designee and CEO review and reconcile the Police Log during operations meeting each weekday verifying the CEO/RM were notified prior to police being called and that calls were made according to established policy/protocol. Goal: 100% compliance police calls reviewed with the CEO prior to the call being made and documented on the Police Log as required. Aggregated data regarding compliance with contacting the CEO prior to calling the police is reported monthly to the Quality Council, MEC and Governing Body. Monitoring is ongoing. The CNO and Director RM/PI reviews data related to police calls monthly to identify any trends that indicate a need for training or process/policy review. The Risk Manager reports aggregated trending data regarding patient safety incidents and request for police assistance monthly to the Quality Council, MEC and Governing Body. The Director of RM/PI aggregates data in regard to safe storage of knives in the kitchen and security of serving line/kitchen through the review of Leadership Rounds forms. Aggregated data regarding compliance is reported monthly to the Quality Council, MEC and Governing Body. Responsible: CNO	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 60 [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 61 [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	[redacted] Review of a Nursing Progress note documented by RN #7 on 01/17/2023 at 2300 revealed [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 63 [redacted] Review of a verbal physician's order dated 01/17/2023 at 2121 revealed '[redacted] Review of a Clinical Progress Note documented by AC #9 on 01/17/2023 from 2000 to 2230 revealed [redacted] Review of a Clinical Progress Note documented by AC #9 on	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 64 01/17/2023 from 2230-2300 revealed [redacted] [redacted] Patient [redacted] was discharged [redacted] on [redacted] 2023. Review of an electronic Physician's telephone order dated 01/18/2023 at 0637 revealed [redacted] Review of the facility "Police Log" revealed the police department was notified by telephone at approximately 1910 on 01/17/2023. Review of the facility nursing and dietary schedules for 01/17/2023 revealed there were two (2) Registered Nurses and two (2) Mental Health Technicians assigned to work on the 1-West unit and the census was fifteen (15) with no one-to-one patients. Review of the Dietary schedule for 01/17/2023 revealed there was one (1) evening cook and one (1) aide assigned to work in the cafeteria from 1200 to 2030. Review of the facility Incident Report Log revealed there were five (5) incidents	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 65 documented that involved Patient [redacted] Incident #1 was a [redacted] that occurred on 01/09/2023. Incident #2 was a [redacted] that occurred on 01/10/2023. Incident #3 was a [redacted] that occurred on 01/16/2023. Incident #4 was a [redacted] that occurred on 01/17/2023. Incident #5 was an [redacted] that occurred on 01/17/2023. Review of the facility incident report documented on Patient [redacted] revealed the event occurred on 01/17/2023 at 1905 in the Cafeteria. [redacted] Review of the incident report revealed the House Supervisor (HS) was notified on 01/17/2023 at 2000, Family/Guardian was notified at 2200, Physician (MD) was notified at 1930, Administration was notified at 2100, Risk Manager was notified at 2123 and Nurse Manager/House Supervisor was notified at 1900. Incident report comments documented on 01/18/2023 at 0256 revealed [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 66 [redacted] Documentation revealed the incident report was reviewed by a supervisor on 01/18/2023 at 0800 and reviewed by the Risk Manager on 01/18/2023 at 1619. Review of the facility incident investigation summary for Patient [redacted] revealed the incident occurred on 01/17/2023 in the cafeteria and the incident type was labeled as [redacted] The incident investigation report revealed that on 01/17/2023 at 2123, the [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 67 [redacted] Review of the Investigation Summary revealed a list of eight (8) staff that were interviewed and documentation of the interviews. Facility provided surveyor with an interview conducted by the CNO (chief nursing officer) on 02/07/2023 with MHT #2. Investigation Summary revealed [redacted] The investigation summary revealed [redacted] Review on 02/06/2023 of the Root Cause	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 68 Analysis (RCA) revealed the corrective action plan included: "Action Item #1: Retraining with Admissions Clinician on assessment and documentation expectations of high risk behavior on the Intake Assessment; Action Item #2: Intake staff training on clearly communicating to physician all relevant clinical information including exclusionary criteria i.e., patients with legal charges and history of aggression or property damage; Action Item #3: Reassignment of Room 129 for all virtual patient meetings (i.e., placement coordination, court hearings, etc.) in order to provide a safe environment for patients with a history of aggression and self-harming behavior; and Action Item #4: Wall to be installed around the serving line in the cafeteria to prevent patients from jumping over the serving line and entering the kitchen area. Cafeteria tables to be bolted to the floor to prevent patients from sliding them to gain access to kitchen." On 02/07/2023 the facility provided the surveyor with a change that had been initiated on the RCA corrective action plan which included how the facility would measure Action Item #1. Review of the Programming Schedule for the [redacted]-West [redacted] revealed the scheduled dinner time was changed from 1850-1920 to 1830-1900 on 01/31/2023. Review of the Facility "Camera Review" revealed the facility completed the video camera review on 01/18/2023. The facility reviewed video monitoring from 1849-1855 on the [redacted]-West Unit and from 1855-1912 in the cafeteria. Review of verbal de-escalation revealed the facility documented the staff failed to address stimulation by not removing the group and/or patient and failed to call for assistance quickly enough. ...	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 69 Staff supplied patient with enough space and time to make a positive decision. Less restrictive efforts attempted by staff noted: Verbal de-escalation, 1:1 support with MHT away from other patients [redacted] Review of the facility's summary of the camera review revealed [redacted] Review on 02/07/2023 of the facility video monitoring on 01/17/2023 for Pt [redacted] revealed: [redacted]West unit prior to going to the cafeteria. 1848:59 - Pt [redacted] sitting in hallway on [redacted]W unit talking on the telephone. 1849:25 - Pt [redacted] turns head, switched phone to left hand and [redacted] 1850:51 - Patient began to line up in the hallway. Pt [redacted] sitting on the floor, talking on the phone. 1851:45 - MHT #3 walked down hallway towards exit door. Pt [redacted] slides phone across hallway towards MHT #3's feet. 1851:50 - Pt [redacted] stands up in the patient line. Placed hand on head and through hair. 1852:04 - MHT #3 walked back towards nursing station with telephone. 1852-1853 MHT #2 walked down hallway towards nurses' station and appears to be counting	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 70 patients. MHT #3 walked down hallway towards exit door. MHT #2 walked back toward exit door. MHT #3 and MHT #2 standing in hallway with 14 patients. 1854:09 - RN #5 walked back through the unit exit door onto the unit hallway. 1855:00 - Fourteen (14) patients lined up in hallway on [redacted]W unit to go to dinner. [redacted] West unit entering the cafeteria. 1855:50 - [redacted]W patients entered cafeteria (14 patients; MHT #2 and MHT #3) 1857:16 - Pt [redacted] was standing in the cafeteria tray line, turned and looked towards right side of cafeteria (wall of glass windows with a double glass door). 1857:19-27 - Pt [redacted] raised his right arm/hand and made motion with his right hand/fingers. 1857:28-55 - Pt [redacted] turns away from the tray line and walked between table #2 and #3 towards the glass door/windows. Appeared to look out glass door/window. 1857:59-11 - Pt [redacted] 1858:16-22 - MHT #2 walked from drink station across cafeteria to where Pt [redacted] was standing. MHT#3 is at the tray line with the patients assisting with utensils. Pt [redacted] and MHT #2 appeared to be talking. 1858:23-28 - Pt [redacted] MHT #2 present. 1858:34 - Pt [redacted] turned and walked back towards the back of the cafeteria. MHT #2 present. 1858:43 - Pt [redacted] turned toward glass door, [redacted] MHT #2 present. 1858:45 - MHT #4 enters the cafeteria. 1858:47 - Pt [redacted] turned and walked toward the	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 71 front of the cafeteria. MHT #2 walked past Pt [redacted] 1858:56 - Pt [redacted] turned toward glass door and [redacted] MHT #2 present. 1859:00 - MHT #4 walked towards Pt [redacted] and MHT #2. 1859:04 - Pt [redacted] leaning against glass door and [redacted] MHT #2 present. 1859:10 - MHT #4 entered table area of cafeteria and stood between tables 3 & 4. MHT #2 present with Pt [redacted] 1859:12 - Pt [redacted] MHT #2 present. 1859:17 - MHT #2 stepped up beside Pt [redacted] and turned and looked toward the tray line. 1859:21-33 - A couple of patients entered the table area near Table 3, one patient appeared to be talking to MHT #4. Pt [redacted] MHT #2 & MHT #4 observing. A patient stood at the end of table 3 watching and appeared to be talking with MHT #4. 1859:38 - MHT #2 appeared to be talking with Pt [redacted] 1859:47-1900:18 - MHT #4 walked from the cafeteria table area towards the cafeteria exit door to hallway. The patient that was standing at the end of table 3 sat down at table 3. MHT #4 exits the cafeteria into the hallway. Another patient sat down with his food tray at the opposite end of table 3 from the 1st patient near the glass wall where MHT #2 and Patient [redacted] were standing. 1900:25 - Pt [redacted] MHT #2 standing beside Pt [redacted] 1900:33-40 - Pt [redacted] walked away from glass door and walked between table 2 and table 3 towards center of cafeteria. MHT #2 followed Pt [redacted] MHT #2 turned back towards Pt [redacted] and appeared to be talking to the patient sitting nearest the center of the cafeteria at table 3. MHT #3 turned from tray	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 72 line and looked toward MHT #2 and Patient [redacted] 1900:43-1901:09 - Patient [redacted] walked behind MHT #2 and then [redacted] MHT #2 turned around and watched Pt [redacted] Pt # [redacted] walked backwards for a few steps then turned and walked back towards the pole in the center of the cafeteria. MHT #2 turned and stood at the end of table 3 near center of cafeteria and watched Pt [redacted] Pt [redacted] MHT #2 watching from end of table 3 near center of cafeteria. MHT #3 watching Pt [redacted] from the tray line. The patient sitting at end of table 3 near center of cafeteria gets up and walks back over towards the other side of the cafeteria. Patients standing at the tray line watching Patient [redacted] Pt [redacted] MHT #2 standing at end of table 3 observing. MHT #3 watching Patient [redacted] from the tray line. Pt [redacted] walks back towards pole in center of cafeteria. MHT #2 observing patient. Pt [redacted] walks back towards glass door, then turns and walks past end of table 3 towards the back of the cafeteria. MHT #2 follows Pt [redacted] 1901:11-33 - Another patient leaves the tray line and sits down at Table 1 near the center of the cafeteria. MHT #2 picks up Pt # [redacted] from the floor near the glass door. MHT #3 leaves the tray line and walks over towards MHT #2. Pt [redacted] turned and walked between Table 3 and 4. MHT #3 stopped near the end of Table 2 and 3 where MHT #2 was standing. Pt [redacted] walked around the end of Table 3 and walked back towards glass door between Table 2 and 3. MHT #3 walked back towards tray line passing Pt [redacted] MHT #2 places Pt [redacted] on the end of	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 73 Table 3 across from where a patient is eating. Pt [redacted] picked up [redacted] from the end of the table and [redacted] 1901:34-37 - Pt [redacted] turns towards MHT #2 and reaches towards MHT #2 with [redacted] left hand. MHT #2 attempts to block Pt [redacted] hand. Pt [redacted] appeared to have something in [redacted] left hand and MHT #2 was trying to get it away from [redacted] 1901:39-43 - Pt [redacted] turned and walked towards the front of the cafeteria with MHT #2 following [redacted] MHT #3 turns from tray line area and begins walking towards Pt [redacted] and MHT #2. MHT #3 walked between Table 1 and 2. Stops at end of Table 1 and talks with MHT #2. Pt [redacted] walks around the front of Table 1 towards center of cafeteria near tray line. 1901:47-1902:10 - MHT #3 appears to be talking on radio. Pt [redacted] turned around and started walking back toward MHT #2 and glass wall of cafeteria. MHT #3 walked back towards glass wall between Table 1 and 2. Pt [redacted] walked towards end of Table 1. MHT #2 walked up beside the patient near the glass wall. MHT #3 backed past Pt [redacted] and MHT #2 blocking pathway between Table 2 and glass wall. Pt [redacted] turned and walked between Table 1 and 2 with MHT #3 and MHT #2 walking behind patient. Pt [redacted] walked towards back of cafeteria with MHT #3 and MHT #2 following [redacted] MHT #2 stopped near center pole in cafeteria and appears to be talking to other patients waiting at tray line. Pt [redacted] turned around and started walking back towards front of cafeteria. MHT #3 walking beside [redacted] MHT #2 walked towards tray line where the other patients were waiting. 1902:14-27 - RN #5, RN #6, MHT #4 entered the cafeteria. Pt [redacted] stopped near center pole in cafeteria and watched door as it opened, then started walking back towards back of cafeteria. MHT #2 walked through cafeteria towards the	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 74 staff that were entering the cafeteria. Pt [redacted] sat down at the 1st table off the center of the cafeteria with MHT #3 present. RN #5 walked towards Pt [redacted] and sat down on the table stool beside Pt [redacted] and appeared to be talking to the Patient. MHT #2, RN #6 and MHT #4 standing in center of cafeteria observing. 1902:28 - Pt [redacted] stands up and walked towards front of cafeteria with RN #5 and MHT #3. 1902:29-38 - One (1) staff member entered the cafeteria and then exited the cafeteria. MHT #2, MHT #4 and RN #6 standing at the doorway. 1902:37 - Pt [redacted], MHT #3 and RN #5 walked between Table 2 and 3, MHT #3 stopped near glass doors. Pt [redacted] then turned and walked back between Table 1 and 2 with RN #5 following. 1902:48 - Several other staff arrived and entered. Stood near cafeteria hallway door observing. 1903:04 - Pt [redacted] and RN #5 walked back towards back of cafeteria and Pt [redacted] sat down at table near center of cafeteria. RN #5 standing beside [redacted] Multiple other staff entered and TIC #11 sat at the opposite end of table from Pt [redacted] and appeared to be talking with [redacted] and RN #5. TIC #12 walked to other side of table. 1903:08 - Appears to be approximately 14 staff members inside the cafeteria. 1903:39-1904-05 - Other patients removed from the cafeteria. 1904:04-31 - Pt [redacted] walked towards opened hallway cafeteria door. Door closed, Pt [redacted] turned and walked towards tray line, then walked between Table #1 and front wall of cafeteria. 1904:37 - Pt [redacted] towards center of cafeteria. TIC #11 making hand motion and appeared to be talking with the patient. RN #5 and MHT #3 standing nearby. 1904:39 - MHT #3 walked away. Pt [redacted] TIC #11 placed hand on table, RN #5	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 75 standing between Table 1 and 2. TIC #12 standing in front of glass doors observing. 1904:40 - Pt [redacted] RN #5 placed hand on table, TIC #11 walked towards Pt [redacted] talking with [redacted] 1904:45-59 - Pt [redacted] in front of tray line and [redacted] TIC #11 and TIC #12 placed hands on Pt [redacted] to stop [redacted] Pt [redacted] Staff attempted to get into doorway leading into kitchen. 13-14 staff members in the cafeteria are and 2 kitchen staff members in the kitchen area. 1904:59-1905-03 - TIC #12 and TIC #11 walked across tray line and followed Pt [redacted] into the [redacted] Kitchen door was opened and other staff from cafeteria began entering the kitchen area. 1905:13 - Several staff members walked back out of kitchen into cafeteria. 1905:14-22 - RN #13 and NM #1 came from outside and approached the kitchen door. (Unable to view kitchen door and/or kitchen area - no camera) 1905:39-43 - RN #13 and NM #1 leave the door area and walked back outside. 1905:46 - NM #1 runs behind wall outside kitchen door. RN #13 standing near cooler and fence looking back towards kitchen door. Unidentifiable staff member standing outside kitchen door. 1905:53-59 - NM #1 peeps around fence wall, RN #13 walked back towards kitchen door. Pt [redacted] exiting from [redacted] to outside with multiple staff following him. RN #13 stands near end of walk-in cooler near fence. Pt #1 walked past RN #13 and NM #1 and [redacted] Pt #1 [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 76 1909:08 - Eleven (11) staff members standing in cafeteria with multiple staff members outside (out of cameral view) 1909:48 - All staff exit the cafeteria except MHT #3. 1910:45 - MHT #3 exits cafeteria. 1912:00 - End of Video. Interview on 02/06/2023 at 1407 with TIC #11 revealed [redacted] was working on 01/17/2023 and responded to the Code AIMZ called in the cafeteria involving Patient [redacted] Interview revealed Patient [redacted] Interview revealed Patient [redacted] Interview revealed [redacted] Interview revealed [redacted] Interview revealed [redacted] Interview revealed Patient [redacted] Interview revealed [redacted] Interview revealed that the staff attempted to [redacted] Patient [redacted] A second telephone interview on 02/09/2023 at 1625 with TIC #11 revealed [redacted] had been employed with the facility for [redacted] years. Interview revealed [redacted] worked on 01/17/2023 and recalled the incident with Patient [redacted] in the cafeteria. Interview revealed the MHTs in the cafeteria had called for a TIC prior to calling the Code AIMZ, however the TICs were responding to other codes and were not available. Interview revealed TIC #11 responded to the Code AIMZ called in the cafeteria. Interview revealed that	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 77 when [redacted] arrived RN #7 was talking with Patient [redacted] TIC #11 revealed [redacted] sat down at the table with Patient [redacted] and started talking with [redacted] Interview revealed [redacted] TIC #11 said "I don't think [redacted] should have been off the unit. Interview revealed the other patients were removed from the cafeteria prior to Patient [redacted] Interview revealed Patient [redacted] Interview revealed TIC #11 did not recall the patient threatening the staff. Interview revealed [redacted] TIC #11 described [redacted] Interview revealed someone opened the back door of the kitchen and Patient [redacted] Interview revealed Patient [redacted] Interview on 02/07/2023 at 1335 LAC #17 revealed [redacted] was working in the admissions area, the morning of 01/17/2023 during Patient [redacted] Interview revealed Patient [redacted] Interview revealed Patient [redacted] Interview revealed Patient [redacted] Telephone interview on 02/08/2023 at 1020 with the PO #16 (Police Officer) revealed the police department received the [redacted] call on	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 78 01/17/2023 at 1905, dispatched and enroute to facility at 1906 and arrived at the facility at 1908. Interview revealed Patient [redacted] at 1909. Interview revealed the officers [redacted] from Patient [redacted] and spent approximately 30 minutes at the scene talking with [redacted], prior to returning Patient [redacted] to the facility. Interview revealed the police department transported Patient [redacted] to the [redacted] on [redacted]/2023 at 2211. Interview on 02/08/2023 at 1040 with RN #5 revealed [redacted] had worked at the facility for [redacted] Interview revealed RN #5 worked the 7a-7p shift on 01/17/2023 and was reporting out to night shift when the Code AIMZ was called in the cafeteria. Interview revealed the on-coming night shift nurse responded to the Code and [redacted] remained on the unit. Interview revealed RN #5 did not recall any notes from the [redacted] requesting time limits on Patient [redacted] phone calls to [redacted] RN #5 stated that Patient [redacted] was offered more support after calls with [redacted] Interview on 02/08/2023 at 1115 with MD #14 revealed [redacted] A second interview with MD #14 on 02/09/2023 at 1150 revealed [redacted] did not recall the phone call for discharge orders or the unauthenticated orders in the medical record. Interview on 02/08/2023 at 1330 with MHT #2 revealed [redacted] had been employed at the facility for [redacted] Interview revealed MHT #2 worked the 7a-7p shift on 01/17/023 on the [redacted] West unit. MHT #2 revealed the staff did not	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 79 manage/monitor the time Patient [redacted] spent on the phone with [redacted] MHT #2 revealed the staff had been instructed to monitor Patient [redacted] after [redacted] conversations with [redacted] Interview revealed Patient [redacted] talked with [redacted] on the phone prior to going to the cafeteria. Interview revealed there was no conversation about placing Patient [redacted] on unit restrictions. Interview revealed MHT #2 and MHT #3 escorted fourteen (14) patients from the unit to the cafeteria. Interview revealed Patient [redacted] Patient [redacted] MHT #2 left the drink area, walked to Patient [redacted] and attempted verbal de-escalation techniques. Interview revealed Patient [redacted] MHT #2 stated Patient [redacted] said ' [redacted] MHT #2 stated that when Patient [redacted] realized the situation was getting [redacted] Patient [redacted] MHT #2 picked up [redacted] and placed them on the end of a table. Interview revealed the battery in MHT #3's radio died and MHT #3 came and got my radio. Interview revealed MHT #2 "screamed" for MHT #3 to call a Code AIMZ when Patient [redacted] MHT #2 stated [redacted] tried to block Patient [redacted] from [redacted] Interview revealed MHT #3 had called for TIC #12 prior to calling the Code AIMZ but there were two	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 80 (2) other codes called and the TIC had responded to the other codes. Interview revealed several staff arrived after calling the Code. TIC #11 was sitting at the table talking with Patient [redacted] Patient [redacted] stated [redacted] MHT #2 indicated other personnel arrived and the other patients in the cafeteria were removed. Interview revealed Patient [redacted] MHT #2 stated TIC #12 and TIC #11 crossed over the serving line and followed Patient [redacted] Interview revealed two (2) staff members went to the outside door of the kitchen. MHT #2 stated [redacted] heard someone holler [redacted] Interview revealed [redacted] heard NM #1 tell Patient [redacted] to [redacted] Interview revealed that MHT #2 stated she should have "called code earlier and attempted to remove the patient from the cafeteria." Interview revealed MHT #2 had received training on de-escalation techniques. Interview on 02/08/2023 at 1505 with MHT #3 revealed [redacted] had worked at the facility for [redacted] Interview revealed MHT #3 worked the 7a-7p shift on 01/17/2023 on the [redacted] West unit. Interview revealed MHT #3 asked Patient [redacted] to get off the phone so [redacted] could go to dinner. Interview revealed Patient [redacted] hung up the phone and then slid the phone across the hallway floor towards the MHTs feet. Interview revealed this was [redacted] first time working with Patient [redacted] and that [redacted] did not hear any conversations that would have provoked [redacted] behaviors. Interview revealed MHT #2 attempted to verbally de-escalate Patient [redacted] Interview revealed MHT #3 called TIC #12 for assistance in cafeteria. Interview revealed MHT	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 81 #3 called Code AIMZ after Patient [redacted] keys. TIC #11 and TIC #12 responded to the cafeteria and sat down with Patient [redacted] at a table and talked attempting to verbally de-escalate. Interview revealed Patient [redacted] Patient [redacted] was not ordered unit restrictions. Interview revealed the Code AIMZ should have been called earlier but "at the same time didn't want to elevate patient further." MHT #3 stated that when patients were acting out behaviors outside the unit, the staff should "remove patients earlier, try to get patient back on the unit. Interview on 02/08/2023 at 1555 with RN #13 revealed [redacted] was working on 01/17/2023. Interview revealed RN #13 responded to the Code in the cafeteria with NM #1. RN #13 stated that when [redacted] arrived the other patients were still in the cafeteria. RN #13 with assistance from other staff removed the other patients from the cafeteria. Interview revealed the staff in the cafeteria attempted to verbally de-escalate Patient [redacted] Patient [redacted] Interview revealed RN #13 and NM #1 left the cafeteria and went outside to the back door of the kitchen. Interview revealed NM #1 opened the back door to the kitchen and yelled to check the status of co-workers. Interview revealed NM #1 yelled to the patient to [redacted] Interview revealed Patient [redacted] Interview revealed RN #13 was assigned to a different unit and was not aware that Patient [redacted] was or [redacted] Interview revealed that [redacted] was not sure if patients under [redacted] should	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 82 be allowed to leave the facility. Interview revealed RN #13 had received de-escalation training. Telephone interview on 02/09/2023 at 1022 with AC #9 revealed [redacted] had been employed at the facility for approximately [redacted] Interview revealed AC #9 was no longer employed at the facility. Interview revealed AC #9 received a call from the facility on 01/17/2023 at 1930 and was informed that [redacted] AC #9 stated [redacted] informed the caller that [redacted] Interview revealed [redacted] Interview revealed [redacted] received a call back from the NM #1 as it was after hours and the [redacted] did not answer. AC #9 informed NM #1 that [redacted] would come to the facility. Interview revealed AC #9 attempted to reach Patient [redacted] without success so [redacted] contacted the on-call [redacted] AC #9 arrived at the facility on 01/17/2023 at 2000 and spoke with the police that were present at the facility. Interview revealed the decision was made to discharge the patient [redacted] Police department left the facility at 2211 with Patient [redacted] Interview on 02/09/2023 at 1153 with PA #18 revealed Patient [redacted] had made a comment to a nurse that [redacted] Interview revealed PA #18 assessed Patient [redacted] and determined that Patient [redacted] did not have any signs that would require unit restrictions after [redacted] during the morning of 01/17/2023. Interview revealed PA #18 received notification from RN #6 on 01/17/2023 at 1930 reference the	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 83 incident with Patient [redacted] in the cafeteria. Interview revealed the nurse asked if Patient [redacted] would be discharged and [redacted] informed the nurse [redacted] would have to call the on-call physician. Interview on 02/09/2023 at 1423 with TIC #12 revealed Patient [redacted] had called [redacted] prior to going to dinner. TIC #12 stated [redacted] was told by one of the MHTs on the unit but did not recall if [redacted] received the information before or after the incident in the cafeteria that [redacted] Interview revealed that if TIC #12 felt a patient should be placed on unit restrictions, [redacted] would first discuss with the RN and if the RN was not willing to call the provider, "I would have called the doctor." Interview revealed the MHTs in the cafeteria had called [redacted] prior to calling the Code AIMZ, but [redacted] was not available to assist them as [redacted] was busy responding to two other codes. Interview revealed TIC #12 responded to the Code AIMZ when called in the cafeteria. Interview revealed Patient [redacted] Interview revealed the staff did not attempt to remove Patient [redacted] from the cafeteria because they did not feel [redacted] would have cooperated. Interview revealed TIC #12 instructed other staff to remove the other patients from the cafeteria. TIC #12 stated Patient [redacted] Patient [redacted] Interview revealed TIC #12 and TIC #11 followed Patient [redacted] Staff were unable to access the kitchen door so I opened the door as I passed by. Patient [redacted] Patient [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 84 Patient [redacted] Patient [redacted] Interview revealed the staff attempted verbal de-escalation. Interview revealed someone opened the back door and said [redacted] Interview revealed Patient [redacted] TIC #12 stated [redacted] followed Patient [redacted] Interview revealed NM #1 discussed the incident with TIC #12 and TIC #11. Interview revealed [redacted] did not have an interview with RM #10. Telephone interview on 02/10/2023 at 0945 with RN #7 revealed [redacted] had worked in the [redacted] Interview revealed RN #7 worked a 3-month contract with the facility from June 2022 to September 2022 and a second 3-month contract from November 2022 to January 2023. Interview revealed RN #7 was assigned to work 7p-7a on 01/17/2023 on the [redacted]-West unit. Interview revealed RN #7 clocked in at 1900 on 01/17/2023 and about half-way through hand off report the Code AIMZ was called in the cafeteria. Interview revealed [redacted] responded to the Code AIMZ and learned that Patient [redacted] Interview revealed when RN #7 arrived, staff were attempting to verbally de-escalate the patient. Interview revealed RN #7 attempted to talk with the patient. Interview revealed RN #7 did not recall Patient [redacted] Interview revealed Patient [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 85 [redacted] RN #7 stated [redacted] heard someone in the kitchen area scream. Patient [redacted] Interview revealed NM #1 devised plan to inform Patient [redacted] Interview revealed the police responded quickly. Interview on 02/10/2023 at 1030 with NM #1 revealed [redacted] was covering as the House Supervisor on 01/17/2023. Interview revealed the facility had a Code AIMZ called at 1845, 1900 and about 1905. Interview revealed NM #1 responded to the Code AIMZ called in the cafeteria but did not enter the cafeteria. Interview revealed the NM #1 stood outside the cafeteria doors in the hallway and looked through the window. NM #1 stated that someone inside the cafeteria told [redacted] that Patient [redacted] Interview revealed that when [redacted] looked through the cafeteria door window, [redacted] could see Patient [redacted] sitting at a table talking with staff. Interview revealed the staff in the cafeteria removed the other patients. Interview revealed "Didn't want to be a part of the problem, so just stood at door looking through the window, waiting." Patient [redacted] Facility staff walked and talked with the patient in the cafeteria. Interview revealed NM #1 saw Patient [redacted] NM #1 said "Watching trying to process what [redacted] is doing. Sometimes we have to just wait and see. Immediate risk to self and others before we do a restrictive intervention." Interview revealed Patient [redacted] "Still trying to process what is [redacted] doing.	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 86 Did not see body language." NM #1 stated Patient [redacted] Interview revealed [redacted] first thought was that [redacted] Interview revealed NM #1 opened the back kitchen door and asked [redacted] Interview revealed NM #1 heard Patient [redacted] NM #1 stated [redacted] Interview revealed the NM #1 called 911. Interview revealed the NM #1 watched Patient [redacted] Instructed RN #13 to step back out of the way and I stepped around the corner as the patient walked towards the door. NM #1 stated [redacted] heard [redacted] Interview revealed the police arrived and requested to see the kitchen area and [redacted] Interview revealed the staff in the kitchen had [redacted] and provided the police officer [redacted] at their request. Interview revealed Patient [redacted] was on [redacted] Interview on 02/10/2023 at 1200 with the Dietary Manager revealed [redacted] was working the night of 01/17/2023. Interview revealed [redacted] was in the kitchen area washing dishes when Patient [redacted] Interview revealed he heard a noise outside the cafeteria door (leads to kitchen area) and walked towards the door where he met Patient [redacted] Interview revealed [redacted]	{A 395}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
{A 395}	Continued From page 87 [redacted] Interview revealed the Dietary Manager had used [redacted] Interview revealed the Dietary Manager did not recall Patient [redacted]	{A 395}		
A 450	MEDICAL RECORD SERVICES CFR(s): 482.24(c)(1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures. This STANDARD is not met as evidenced by: Based on policy and procedure review, medical record review, review of personnel records, and staff interviews, the facility staff failed to ensure an accurate medical record by documenting active group notes in a discharged patient's medical record on 1 of 7 discharged charts reviewed (Patient [redacted]; and failed to ensure correct documentation authenticity to progress notes for 2 of 11 medical records reviewed. (Patients [redacted] and [redacted] The findings include: A. Review of policy titled "Active and Individualized Treatment--Acute" with approval date of 04/28/2022, revealed "Definition: Active treatment is substantive engagement with the patient in their care through the course of the day. A variety of therapeutic and activity/recreational activities are used as therapeutic interventions in	A 450	Action The CEO and CNO reviewed and confirmed "Active Treatment and Individualized Treatment-Acute" policy requires the group leader to maintain an attendance list of patient in-group and document participation in the medical record. No revisions necessary. The DCS provided a sample attendance roster to the therapy staff, RNs and MHTs for use during their groups. The Medical Records Director, CEO and Medical Director reviewed and affirmed the Medical Staff Rules and Regulations to state the requirement to authenticate progress notes via signature, time and date. Revised 3/9/23. Training The CEO and CNO provided re-education to the Therapy Staff, RNs, MHTs and Medical Staff regarding the policy "Active and Individualized Treatment- Acute" and the requirement to maintain an attendance list of patients who are in-group and document the patient's participation in the medical record.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 88 providing active treatment to patients. Active treatment activities include but are not limited to the following: individual, family, group therapies and medication management. Milieu management and structured activities such as goals and wrap up groups, level groups,, and other unit activities that support changes in behavior are considered active treatment. Policy: It is the policy of the (named facility) to provide care and a model of active treatment for all patients hospitalized at the facility... Procedure: 3. Group modalities can be used as interventions for delivering active treatment to patients. Each group leader assigned to conduct a group session identified in the treatment plan is responsible for encouraging all assigned patients to attend the group, maintaining an attendance list of patients who are in the group, and documenting the group per facility policy in each patient's medical record. 4. Progress notes are recorded by the group leader and address: active treatment modalities, assessment, intervention, evaluation of the effectiveness of the intervention and progress towards treatment plan goals...." Review on 02/08/2023 of the closed medical record for Patient [redacted] revealed a [redacted] year-old-[redacted] was admitted on [redacted] 2023 for [redacted] Patient [redacted] was discharged on [redacted] 2023 at 0940 [redacted] Review of MHT Group note dated [redacted] 2023 revealed documentation of Patient [redacted] attended Group session titled "Movement" at 1200 and ended at 1215, 2 hours and 35 minutes after Patient [redacted] discharge. Documentation revealed Patient [redacted] Review revealed "Facilitator signature and title" was signed and dated on	A 450	The Medical Director/designee provided re-education to the Medical Staff regarding the Medical Staff Rules and Regulations and the requirement to authenticate progress notes via signature, time and date. Provider Assistants were provided education by the CEO and/or the Director of PI/RM on documentation requirements including 1) correct signatures with date/time, 2) the correct process, including correct identification of scribe for progress notes from the provider, and 3) the correct process for documentation of independent contact progress notes. All training as outlined above was provided in small group settings and/or individually to RNs, MHTs, Therapy Staff and Medical Staff. Provider Assistants were provided training in person or via Zoom. Understanding of policies and expectations for compliance was acknowledged through written attestation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 89 01/23/2023 at 1245 by MHT #24. Review of "MHT Group Note" revealed documentation of Patient [redacted] attended Group session titled "Community" on [redacted]/2023 at 1604 and ended at 1620, 6 hours and 40 minutes after Patient [redacted] discharge. Documentation revealed Patient [redacted] Review revealed "Facilitator signature and title" was signed and dated on [redacted]/2023 at 1645 by MHT #24. Review of the MHT Group note dated [redacted]2023 revealed documentation of Patient [redacted] attended Group session titled "Self Expression" at 1800 and ended at 1900, 9 hours and 20 minutes after Patient [redacted] discharge. Documentation revealed Patient [redacted] Review revealed "Facilitator signature and title" was signed and dated on [redacted]/2023 at 1935 by MHT #24. Review on 02/09/2023 of personnel record for MHT #24 revealed a hire date [redacted] Interview on 02/09/2023 at 1120 with NM #20 revealed MHT #24 documented on the active group notes although the Patient [redacted] was discharged. Interview revealed the policy was not followed to complete the group notes on the patients attending the group. Interview revealed MHT #24 had been terminated by the facility and no longer worked at facility. Interview revealed MHT #24 was terminated on [redacted] for actions not related to the inaccurate documentation on Patient [redacted] medical record. Interview on 02/09/2023 at 1135 with HR #25 revealed MHT #24 is not an employee at the facility. Interview added MHT #24 was terminated	A 450	Monitoring: For a period of at least four months, the Director of Medical Records/designee and Director of Clinical Services are conducting an audit of all discharge patient records to verify patient record documentation accurately reflects patient participation in group activities. Upon achieving 90% compliance with medical record documentation for four months, sampling will be reduced to 20% of records. The Medical Records Director/ designee analyzes 100% of discharge records to identify any missing signatures, dates or times on Medical Staff documentation. Missing signatures, dates or times are reported to the supervisor, addressed immediately through corrective action/counseling, and reflected in provider OPPE. Corrections to the medical record are made in compliance with facility policy and procedure. Continued non-compliance results in additional corrective actions up to and including termination. Upon achieving 90% compliance with medical record documentation for four months, sampling will be reduced to 20% of records. Responsible: Medical Records Director	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 90 on [redacted] B. Review of facility policy, "MEDICAL STAFF RULES AND REGULATIONS" last revised "03/2021" revealed " ...5.6 Progress Notes ...5.6.2 A progress note shall be recorded at each visit by the Member/AHP (Allied Health Provider) making the visit and dated, timed and authenticated." Review of PROFESSIONAL SERVICE AGREEMENT revealed a signed contract between facility and CCNC (Carolina Coastal Neuropsychiatric Center) revealed, " ...1.4 Professional Standards. Contractor shall perform all duties under this Agreement strict compliance with federal, state and local laws, rules and regulations, ...policies, procedures, rules and regulations of the Hospital, ..." 1. Review of Patient [redacted] opened medical record on 02/09/2023 revealed, a [redacted]-year-old [redacted] Patient admitted via [redacted] on [redacted] 2022 with a chief complaint of [redacted] Review of " ...Physician Progress Note" dated " ...01/18/2023 at 08:12 PM ..." by PA #8 for Patient [redacted] revealed the following bold note: [redacted]	A 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 91 [redacted] Review revealed bold entry into the progress note was not authenticated as to the author's name, date or time. Review of " ...Physician Progress Note" dated " ...02/08/2023 01:29 PM ..." for Patient [redacted] revealed the following bold note [redacted] Review revealed bold entry into the progress note was not authenticated as to the author's name, date or time. 2. Closed medical record review of Patient [redacted] revealed a [redacted]-year-old [redacted] admitted via [redacted] on [redacted] 2023 for [redacted] Review of a "Physician Progress Note" dated " ...01/18/2023 at 02:22 PM ..." by PA # 8 for Patient [redacted] revealed the following bold note [redacted] Review revealed at time of review Patient [redacted] was discharged and the bold entry into	A 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 92 the progress note was not authenticated as to the author's name, date or time. Interview on 02/10/2023 at 0900 with MD #27 via telephone revealed, MD #27 is the [redacted] with the title [redacted] MD #27 revealed the staff works in the CCNC office as assistance to the physician. MD #27 revealed the office received numerous complaints because patient's parents were not receiving calls from the office/providers. MD #27 revealed MD #27 would spend hours on the telephone trying to reach patient's parents. The staff called parents, gathered information and entered information into the progress notes if the progress notes were not locked. Interview on 02/10/2023 at 1200 with staff HIS #29 revealed HIS #29 (Health Information Management -Medical Records) assembled and filed patient's charts after discharge. HIS #29 revealed the charts are assembled with the notes from the unit. HIS #29 revealed the charts are partially electronic which include physicians progress notes, orders and MAR. HIS #29 revealed the assistants from CCNC will bring a discharge summary and doctor's notes for court to the facility medical record area. HIS #29 revealed the assistants from CCNC provided the H&P (History and Physical), doctor's progress note, patient's psychiatric evaluation and discharge summary. The assistance worked on site at the facility in an office provided by the facility but not in medical records area. HIS #29 revealed there were several PISAs from CCNC but the main two were PISA #30 and PISA #31. HIS #29 reviewed "Physician Progress Note" dated " ...01/18/2023 at 08:12 PM ..." for Patient [redacted] and revealed the bold text was not	A 450		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 93 documented by the provider but by one of the PISAs from CCNC. HIS #29 was not sure if the bold information in the patient's charts are entered via CCNC office electronic medical record system or the facility's electronic medical record system. Interview on 02/10/2023 at 1227 with PISA #30 revealed, PISA #30 worked for and with MD #29 for the last 2-3 years. PISA #30 worked every day and occasionally on weekends onsite at the facility. PISA #30 revealed PISA #30 gathered information prior to rounds, performed collateral rounds with the doctor onsite at the facility. PISA #30 revealed once on the unit PISA located the patients and took patients to see the doctor. PISA #30 revealed in the progress notes PISA #30 is identified as Provider Assistant and the note is bold. PISA #30 revealed the progress notes are generated by the Provider and PISA entered information in the progress notes if the notes were not locked (the notes locked once Provider signed the note). If the notes were locked, the notes entered by a PISA would transpose over into an addendum note. PISA revealed the computer system generated the date, time and name to the addendum note. PISA #30 revealed once a note was entered into the progress note PISA #30 communicated with the Provider via message regarding the note entered. PISA #30 reviewed the "Addendum: ..." for " ...Physician Progress Note" dated " ...02/08/2023 at 01:29 PM ..." for patient [redacted] and revealed the addendum note was dated " ...02/08/2023 02:33 PM ..." with PISA #30's name. PISA #30 reviewed " ...Physician Progress Note" dated " ...02/08/2023 at 01:29 PM ..." for patient [redacted] and a bold note [redacted]	A 450	Action The Medical Director reviewed and revised the Medical Staff Rules and Regulations to require authentication of telephone orders with signature, date and time within 24 hours. Revised 3/9/23. The Medical Records Director developed and implemented an auditing process to verify authentication of electronic and paper telephone orders per policy/procedure and Medical Staff Rules and Regulations on 3/10/23. The new process includes a daily review of HCS reports to verify authentication of electronic orders, notification of providers regarding orders that have not been authenticated, provision of colored flag designated for physicians to each unit as a visual aid for Providers for paper orders, and review of paper medical records daily to verify paper orders are authenticated. Training The Director of Medical Records and Medical Director provided training to medical records staff and Providers regarding the revised policy and procedure and revised Medical Staff Rules and Regulations regarding • Requirement for authentication of telephone orders within 24 hours	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 450	Continued From page 94 [redacted] PISA #30 revealed the note was entered by PISA #30 and the note did not have a name, date or time. PISA #30 revealed PISA #30 remembered Patient [redacted] and spoke to patient's [redacted] Patient [redacted] revealed to PISA #30 [redacted] PISA #30 reviewed "Physician Progress Note" dated " ...01/18/2023 at 02:22 PM ..." by PA # 8 for Patient [redacted] revealed the bold note was entered by PISA #30 and revealed the bold note did not have a name, date or time. PISA stated "I was not trained to put my name or time on the note.	A 450	with a signature, time and date. • Use of color flags as a visual aid to providers that orders require a signature, date and time • Process of notification regarding any deficiencies and expectation to complete as soon as possible. • Data regarding compliance with authentication of orders is included in the provider OPPE The Medical Records director provided education to the RNs and LPNs regarding the flagging system and the process for flagging telephone orders with color flags to alert physicians to authenticate orders.	
A 454	CONTENT OF RECORD: ORDERS DATED & SIGNED CFR(s): 482.24(c)(2) All orders, including verbal orders, must be dated, timed, and authenticated promptly by the ordering practitioner or by another practitioner who is responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations. This STANDARD is not met as evidenced by: Based on review of hospital policy, Medical Staff Bylaws, Rules and Regulations, medical record review and staff interviews the hospital failed to ensure that orders were authenticated by the ordering physician for 1 of 11 medical records reviewed (Patient [redacted] Findings include: Requested the hospital policy referencing telephone and verbal orders. No policy presented	A 454	Trainings as outlined above were provided in small group settings and/or individually to RNs, LPNs, Medical Records Staff and Medical Staff by 3/10/23. Anyone not trained by this date received individual training prior to working the next shift. Understanding and agreement to comply with the policy and procedure/Medical Staff Rules and Regulations regarding authentication of telephone orders with a signature, date and time was acknowledged by written attestation. The HRD revised new hire orientation and annual trainings in include updated medical record documentation training information for medical records staff, RNs, LPNs and Medical Staff.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	344016	A. BUILDING _____ B. WING _____	R-C 02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRYNN MARR HOSP	192 VILLAGE DRIVE JACKSONVILLE, NC 28540

(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
A 454	Continued From page 95 prior to exit. Review of the hospital's Medical Staff Bylaws, Rules and Regulations, reviewed and approved 03/31/2021, revealed "Medical Staff Rules and Regulations ... 5.4 ... 5.4.2 ... Verbal or telephone orders shall be authenticated by the physician/AHP (Allied Health Professional) within 60 hours of the order. ..." Closed medical record review of Patient [redacted] revealed a [redacted]-year-old [redacted] admitted via [redacted] on [redacted]/2023 for [redacted] Record review revealed "Physician's Order Form" dated 01/17/2023 at 2123 signed by a registered nurse as a verbal order. Review of the record on 02/07/2023 and again on 02/10/2023 revealed no documentation of physician authentication of the physician's discharge order dated 01/17/2023 (24 days later). Interview on 02/10/2023 at 1030 with a Nurse Manager (NM) #1 revealed verbal orders should have been signed by the physician within 60 hours of the verbal order. Interview confirmed the verbal discharge order dated 01/17/2023 for Patient [redacted] was not authenticated by the physician. NC00197375, NC00197267, NC00197510, NC00196697, NC00196971, NC00197956, NC00196979	A 454	Monitoring: The Director of Medical Record/designee audits 100% of all paper orders and HCS electronic orders for unsigned orders on all active and discharged medical records. Goal: 100% compliance with authentication of telephone orders within 24 hours. Monitoring is ongoing. Unsigned orders are communicated to the Provider for correction and data is included in the Provider OPPE. Continued non-compliance with authentication of telephone orders within 24 hours is reported to the Medical Director and is addressed through corrective counseling and/or initiation of an FPPE. The Medical Director/designee reports aggregated data regarding compliance with authentication of telephone orders monthly in Quality Council, MEC and Governing Body. Responsible: Medical Director	