

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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Investigation ID: 17

License #: 039-04-005

Organization Name: Carilion Clinic Roanoke Memorial Hospital

Date of Inspection: 04-02-2025

Program Type/Facility Name: 04-005 Roanoke Memorial Hospital

No Violation

General Comments / Recommendations:

Hospital admin would be advised to hold a meeting with inpatient psych services and the police Dept. to discuss policy for use of force circumstance within the unit. LS recommends use of force be determined by psych and medical staff.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Dale Hamann, Licensing Specialist

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined