

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

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Investigation ID: 19

License #: 039-04-005

Organization Name: Carilion Clinic Roanoke Memorial Hospital

Date of Inspection: 12-10-2025

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

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-800. A. (1) - The provider shall implement written policies and procedures that describe conditions for the use of behavior interventions that comply with the requirements of 12VAC35-115, including seclusion, restraint, and time out. The policies and procedures shall: 1. List and define behavior interventions in the order of relative degree of intrusiveness or restrictiveness and the conditions under which each intervention may be used in accordance with each individual's ISP;	N	Roanoke Memorial Hospital This regulation was NOT MET as evidenced by: Provider policy on behavior management was not implemented per policy, less intrusive measures were not implemented prior to the use of pepper spray, employed and or contracted employees of the provider did not protect the well being of individuals at all times. Only staff knowledgeable of the provider policy and trained in the approved policy shall implement behavior management. It is not known if the officer who used the pepper spray was trained in the approved management techniques prior to the incident.	PR) 03/20/2026 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. - Hospital staff utilized a non-approved behavior management intervention (pepper spray) on the licensed mental health unit during a mental health emergency. The use of pepper spray is not an approved behavioral intervention under hospital policy and does not align with established standards for managing behavioral health crises within licensed mental health units. 2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. - To prevent recurrence, the hospital has implemented the following systemic changes: - Updated the following policies to clarify expectations on behavior interventions and prohibited interventions/tools during patient care events in the clinical areas of Mental Health: - Mental Health Emergency Policy - Mental Health Weapons Policy	3/20/2026

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Date of Inspection: 12-10-2025

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			◦ Aggressive and Combative Patient Police and Security Policy • Incorporated language regarding the use of law enforcement tools during the management of patient care events on the clinical unit that are not in alignment with approved behavior and symptom management interventions in Mental Health. • Provided education on updated policies/practice for all mental health staff, including police and security personnel, who may respond to mental health emergencies in the licensed mental health unit. This includes policies on: ◦ Approved behavioral management interventions and de-escalation techniques (Mental Health Emergency Policy and police and security policy on aggressive or combative patient) ◦ Weapons restrictions and use of police and security tools on licensed mental health units during patient care events in the clinical setting (mental health weapons policy) ◦ Expectations regarding the use of law enforcement tools on the mental health unit during clinical patient care events. • These actions are intended to ensure clarity of expectations, reinforce appropriate crisis response and behavioral interventions, and mitigate the potential for recurrence. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly	

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Date of Inspection: 12-10-2025

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			audits, weekly chart reviews, daily checklist, etc.) • Policies updated as of 3/18/2026 • Education/Communication to teams on policy changes and expectations completed by department leaders on 3/20/2026 • Monitoring will include: ◦ Ongoing surveillance of staff responses and their alignment to the behavioral intervention expectations and weapons policy when responding to patient care events in the clinical setting within the licensed mental health units. This includes chart audits and event reviews of mental health emergencies no less than monthly. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. • Mental Health Unit Director and Police and Security Leaders 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen. • Overall Planned Completion Date: 3/20/2026 OLR) Accepted 03/24/2026	

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-800. A. (2) - The provider shall implement written policies and procedures that describe conditions for the use of behavior interventions that comply with the requirements of 12VAC35-115, including seclusion, restraint, and time out. The policies and procedures shall: 2. Protect the safety and well-being of the individual at all times, including during fire and other emergencies;	N	Roanoke Memorial Hospital This regulation was NOT MET as evidenced by:	PR) 03/20/2026 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. Hospital staff utilized a non-approved behavior management intervention (pepper spray) on the licensed mental health unit during a mental health emergency. The use of pepper spray is not an approved behavioral intervention under hospital policy and does not align with established standards for managing behavioral health crises within licensed mental health units. 2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. To prevent recurrence, the hospital has implemented the following systemic changes: Updated the following policies to clarify expectations on behavior interventions and prohibited interventions/tools during patient care events in the clinical areas of Mental Health: Mental Health Emergency Policy Mental Health Weapons Policy Aggressive and Combative Patient Police and Security Policy Incorporated language regarding the use of law enforcement tools during the management of patient care events on the clinical unit that are not in alignment with approved behavior and	3/20/2026

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			symptom management interventions in Mental Health. Provided education on updated policies/practice for all mental health staff, including police and security personnel, who may respond to mental health emergencies in the licensed mental health unit. This includes policies on: Approved behavioral management interventions and de-escalation techniques (Mental Health Emergency Policy and police and security policy on aggressive or combative patient) Weapons restrictions and use of police and security tools on licensed mental health units during patient care events in the clinical setting (mental health weapons policy) Expectations regarding the use of law enforcement tools on the mental health unit during clinical patient care events. These actions are intended to ensure clarity of expectations, reinforce appropriate crisis response and behavioral interventions, and mitigate the potential for recurrence. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.) Policies updated as of 3/18/2026 Education/Communication to teams on policy changes and expectations completed by department leaders on 3/20/2026 Monitoring will include: Ongoing surveillance of staff responses and their alignment to the behavioral intervention expectations and weapons policy when responding to patient care events in the clinical setting within the licensed mental health units.	

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			This includes chart audits and event reviews of mental health emergencies no less than monthly. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Mental Health Unit Director and Police and Security Leaders 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen. Overall Planned Completion Date: 3/20/2026 OLR) Accepted 03/24/2026	
12VAC35-105-800. A. (3) - The provider shall implement written policies and procedures that describe conditions for the use of behavior interventions that comply with the requirements of 12VAC35-115, including seclusion, restraint, and time out. The policies and procedures shall: 3. Specify the mechanism for monitoring and	N	Roanoke Memorial Hospital This regulation was NOT MET as evidenced by:	PR) 03/20/2026 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. Hospital staff utilized a non-approved behavior management intervention (pepper spray) on the licensed mental health unit during a mental health emergency. The use of pepper spray is not an approved behavioral intervention under hospital policy and does not align with established standards for managing behavioral health crises within licensed mental health units. 2. Include a plan of action to address systematic	3/20/2026

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documenting the use of behavior interventions.			changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. To prevent recurrence, the hospital has implemented the following systemic changes: Updated the following policies to clarify expectations on behavior interventions and prohibited interventions/tools during patient care events in the clinical areas of Mental Health: Mental Health Emergency Policy Mental Health Weapons Policy Aggressive and Combative Patient Police and Security Policy Incorporated language regarding the use of law enforcement tools during the management of patient care events on the clinical unit that are not in alignment with approved behavior and symptom management interventions in Mental Health. Provided education on updated policies/practice for all mental health staff, including police and security personnel, who may respond to mental health emergencies in the licensed mental health unit. This includes policies on: Approved behavioral management interventions and de-escalation techniques (Mental Health Emergency Policy and police and security policy on aggressive or combative patient) Weapons restrictions and use of police and security tools on licensed mental health units during patient care events in the clinical setting (mental health weapons policy) Expectations regarding the use of law	

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			enforcement tools on the mental health unit during clinical patient care events. These actions are intended to ensure clarity of expectations, reinforce appropriate crisis response and behavioral interventions, and mitigate the potential for recurrence. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.) Policies updated as of 3/18/2026 Education/Communication to teams on policy changes and expectations completed by department leaders on 3/20/2026 Monitoring will include: Ongoing surveillance of staff responses and their alignment to the behavioral intervention expectations and weapons policy when responding to patient care events in the clinical setting within the licensed mental health units. This includes chart audits and event reviews of mental health emergencies no less than monthly. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Mental Health Unit Director and Police and Security Leaders 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen.	

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			Overall Planned Completion Date: 3/20/2026 OLR) Accepted 03/24/2026	

General Comments / Recommendations:

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