

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

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License #: **084-01-020**

Organization Name: **Western Tidewater Community Services Board**

Date of Inspection: **08-24-2022**

Program Type/Facility Name: **01-020 Bridges**

| <u>Standard(s) Cited</u>                                                                                                                                                                                                              | <u>Comp</u> | <u>Description of Noncompliance</u>                                                        | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | Bridges<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below. |                            |                           |

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N           | <p>Bridges</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"Neglect means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse."</p> <p>Employee #1 fell asleep during their scheduled shift which lead to Individual #1 eloping from the program.</p> | <p>PR) 09/12/2022</p> <p>PR: Staff will be re-trained on Abuse/neglect and Provider policies related to Abuse/Neglect.</p> <p>Staff will also be re-trained on Client &amp; Patient Rights, and Corporate Compliance &amp; Ethics.</p> <p>Training to be conducted by the Program Manager, and monitored by the Program Manager &amp; Supervisor.</p> <p>Staff will be re-trained on the Elopement Protocols/Communication Log and each resident's precautions with daily reviews and staff will document the review of precautions. Staff training will be conducted by the Program Manager and monitored by the Program Manager &amp; Supervisor.</p> <p>Staff Rounds will be re-implemented every 15 minutes for overnights, staff will be re-trained on the overnight task list and includes the 15 minutes bed check status, awake/sleep status/over night activities and documentation of any issues on shift.</p> <p>OHR/OLR) Accepted 09/14/2022</p> | 09/30/2022<br>00:00:00    |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                            |             |                                                     |                            |                           |
| 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. |             |                                                     |                            |                           |
| _____<br>Reginald Daye, Human Rights                                                                                                                                                                                                                                                                  |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined                                                                                                                                                                                                     |             |                                                     |                            |                           |