

**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: **11-03-2025**

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>This regulation was NOT MET as evidenced by: See OHR citations 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> |
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| 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>Abuse means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as: Use of physical or mechanical restraints on a person that is not in compliance with federal and state laws, regulations, and policies; professionally accepted standards of practice; or the person's individualized services plan.</p> <ul style="list-style-type: none"> <li>• Per provider's CHRIS report #A20250039, by a preponderance of the evidence that included witness statements, failure to follow behavior/management plan, failure to follow policy and video and audio footage, the provider substantiated the allegation of abuse when it was noted that Employee #1 used an inappropriate physical restraint and an unapproved physical intervention with Individual #1 during a behavioral crisis.</li> <li>• Per provider's report to the Human Rights Advocate, it was also noted that Employee #2 recommended Employee #1 use an unapproved, non-medical intervention to allegedly dislodge or remove an item from Individual #1's mouth during the behavioral crisis.</li> <li>• As a result of Employee #1 and #2's actions, Individual #1's right to be free from abuse was violated.</li> </ul> | <p>PR) 11/25/2025</p> <p>This provider recognizes the founded case of neglect for individual #1. The following corrective actions have been completed:</p> <p>Employee #1 and #2 have been terminated; a report to the board of health professionals was also submitted for employee #2. All Crisis Stabilization Unit Staff will undergo yearly TOVA training provided by the agency to ensure that the least restrictive intervention is provided within reason. The Crisis Stabilization Unit temporary closed to provide mass trainings to staff; trainings included: Groups 101, Documentation Training, TOVA refresher training, incident reporting training, and team morale building exercises to encourage cohesion and effective communication. The Clinical Administrator, Program Manager, and Administrative Assistant will continue to monitor and keep record of up-to-date training materials provided to staff. Records will be maintained and reviewed monthly to ensure all are current.</p> <p>OHR/OLR) Accepted 11/25/2025</p> <p>OHR Response: ACCEPTED. Pending receipt of the following documentation: verification that the training was completed with all staff and verification that Employee #1 was terminated. Documentation verifying the termination of Employee #2 was already reviewed on 10/30/25.</p> | 01/26/2026<br>00:00:00    |

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|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|

**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.

\_\_\_\_\_  
Latoya Wilborne, Human Rights

\_\_\_\_\_  
(Signature of Organization Representative)

\_\_\_\_\_  
Date

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