

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

Page: 1 of 3

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

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

Date of Inspection: **02-02-2026**

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) - 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 This regulation was NOT MET as evidenced by: See OHR citations below.		5/20/2026
12VAC35-105-150. (4) - 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 This regulation was NOT MET as evidenced by: See OHR citations below.	PR) 02/20/2026 This provider recognizes Employee #1 & #2 failed to administer Individual #1's Medication #1 as prescribed; Individual #1's right to be free from neglect was violated. A medication error occurred due to a staff member failing to verify a patient's identity and due to the failure of another staff member maintaining active credible access. To avoid incidents similar to this in the future, the Program Manager and Clinical Administrator will review monthly Credible access logs to ensure that staff have active access to Credible. Staff have been reminded via staff meeting on 2/10/26 to log onto Credible at least once during their shift to avoid having their access removed. Employee #1 & #2 that caused the medication error have both received written disciplinary action, and they are both to be retrained on medication management and medication technician procedures. Their certificates of completion will be monitored and reviewed by the Nurse Program manager. OLR) Accepted 02/26/2026	5/20/2026

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

Page: 2 of 3

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

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

Date of Inspection: **02-02-2026**

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>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Bridges This regulation was NOT MET as evidenced by: 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, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia. • Per provider's CHRIS report #A20260011, by a preponderance of the evidence that included staff admission, failure to follow policy, witness statement, failure to follow behavior mgmt. plan and video review, the provider substantiated the allegation of neglect when it was discovered that Employee #1 failed to administer Individual #1's Medication #1 as prescribed. • As a result of Employee #1's actions, Individual #1's right to be free from neglect was violated.	PR) 02/20/2026 This provider recognizes Employee #1 & #2 failed to administer Individual #1's Medication #1 as prescribed; Individual #1's right to be free from neglect was violated. A medication error occurred due to a staff member failing to verify a patient's identity and due to the failure of another staff member maintaining active credible access. To avoid incidents similar to this in the future, the Program Manager and Clinical Administrator will review monthly Credible access logs to ensure that staff have active access to Credible. Staff have been reminded via staff meeting on 2/10/26 to log onto Credible at least once during their shift to avoid having their access removed. Employee #1 & #2 that caused the medication error have both received written disciplinary action, and they are both to be retrained on medication management and medication technician procedures. Their certificates of completion will be monitored and reviewed by the Nurse Program manager. OHR/OLR) Accepted 02/26/2026OHR Response: ACCEPTED pending receipt of the following documentation verifying the corrective actions were completed: 1. verification of info shared in staff meeting on 2/10/26, 2. employee written disciplinary action for Employee #1 and #2, 3. re-training on medication management.	5/20/2026

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

Page: 3 of 3

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

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

Date of Inspection: **02-02-2026**

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>
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				