

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

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Investigation ID: 457

License #: 2171-04-005

Organization Name: North Spring Behavioral Healthcare, INC.

Date of Inspection: 06-24-2025

Program Type/Facility Name: 04-005 North Spring Psychiatric Unit

| <u>Standard(s) Cited</u>                                                                                                                                                      | <u>Comp</u> | <u>Description of Noncompliance</u>                                                                                                                                                                                                                                                                                                               | <u>Actions to be Taken</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Planned Comp. Date</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-693. D. -<br>The content of the discharge plan and the determination to discharge the individual shall be consistent with the ISP and the criteria for discharge. | N           | <p>North Spring Psychiatric Unit</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The record review revealed Individual #1 was not discharged in accordance with the provider's discharge criteria and ISP. This was evidenced by Individual #1 not being discharged appropriately to the legal custodian, Entity #2, on 1-16-2025.</p> | <p>PR) 09/05/2025</p> <p>The regulation was not met as the patient was discharged to the parental guardian as opposed to returning to the detention center who was the custodian at the time. The error came as a result of miscommunication between the patients parent, Department of Juvenile Justice, hospital/commitment evaluator, regarding where the patient would discharge following stabilization at North Spring. Once the issue was identified retraining related to Temporary Detention Order commitments and discharges was facilitated by the Director of Clinical Services. North Spring Director of Admissions updated the Admissions Criteria Policy to reflect the following to ensure consistency and communication for during the temporary detention order. <b>"All patients admitted under a TDO will be evaluated upon admission on whether they qualify for voluntary admission. All TDO patients admitted from a juvenile detention center under the custody of the Department of Juvenile Justice will remain TDO and North Spring will petition the court for a commitment the hearing. In addition, TDO patients who present with high acuity and/or a history of violence will remain TDO and North Spring will petition the court for a commitment hearing."</b> The plan will be monitored through audits of individual service plans to include and admission and discharge documentation which will be reported monthly to the Quality Committee.</p> <p>OLR) Accepted 09/08/2025</p> | 1/30/2025                 |

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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>                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------|
| <p><b>General Comments / Recommendations:</b><br/>Please respond on or before the due date in the CONNECT Portal. Include any supporting documentation as attachments, if applicable.</p> <p>If you have any questions, or concerns, please contact me directly at (804) 944-3263.</p> <p>Thank you,<br/>Marian S. Purnell, Licensing Specialist</p> |             |                                                                                                                                    |                            |                                                                                              |
| <p>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.</p>                                         |             |                                                                                                                                    |                            |                                                                                              |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Marian Smith, Licensing Specialist</div>                                                                                                                                                                                                                           |             | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Signature of Organization Representative)</div> |                            | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Date</div> |
| <p>C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined</p>                                                                                                                                                                                                                                             |             |                                                                                                                                    |                            |                                                                                              |