

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

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License #: **2171-04-005**

Organization Name: **North Spring Behavioral Healthcare, INC.**

Date of Inspection: **01-28-2022**

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>
12VAC35-105-150. (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	North Spring Psychiatric Unit This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 02/25/2022 Employee #1 was suspended pending investigation and terminated on 12/31/21 for violation of policy after leaving the unit and leaving employee #2 out of ratio and unable to appropriately supervise patients. Employee #2 received corrective action and follow up counseling on 12/29/21 from direct supervisor related to procedures for calling for assistance if left out of ratio or in a situation where he needs assistance in maintaining adequate supervision of patients. OLR) Accepted 03/04/2022	12/31/2021

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License #: 2171-04-005

Organization Name: North Spring Behavioral Healthcare, INC.

Date of Inspection: 01-28-2022

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>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	North Spring Psychiatric Unit 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. • By a preponderance of the evidence outlined in the CHRIS report #A20210443, which included camera review, eyewitness statements, staff admissions, witness credibility, and a failure to follow policy, the provider substantiated that neglect occurred when Employee #1 left the unit leaving Employee #2 out of ratio. • Per provider's CHRIS report #A20210443, Individual #1 is seen leaving the common area and going into the privilege room, which is separate from where Employee #1 and #2 are located. Per camera footage, Employee #1 is seen leaving the unit, which leaves Employee #2 out of ratio. Individual #2 is then seen going into the privilege room where Individual #1 is located and Individual #2 grabs Individual #1 by the shirt, verbally threatens Individual #1 and then pushes Individual #1 to the ground. • Due to Employee #1's neglectful actions of leaving the unit, Employee #2 is left out of ratio and unable to provide the required supervision of all individuals on the unit, including Individual #1 and #2 who got into an altercation.	PR) 02/25/2022 Employee #1 was suspended pending investigation and terminated on 12/31/21 for violation of policy after leaving the unit and leaving employee #2 out of ratio and unable to appropriately supervise patients. Employee #2 received corrective action and follow up counseling on 12/29/21 from direct supervisor related to procedures for calling for assistance if left out of ratio or in a situation where he needs assistance in maintaining adequate supervision of patients. OHR/OLR) Accepted 03/03/2022	12/31/2021

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License #: **2171-04-005**

Organization Name: **North Spring Behavioral Healthcare, INC.**

Date of Inspection: **01-28-2022**

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>
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.				
_____ Tonya Carr, Legal Operations Manager		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				