

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

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License #: **2171-14-001**

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

Date of Inspection: **11-30-2021**

Program Type/Facility Name: **14-001 North Spring Behavioral Health**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	North Spring Behavioral Health This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 12/24/2021 Assistant Director of Nursing met with nurse involved and reviewed protocol to appropriately identify residents prior to administering medication and reviewed policy. OLR) Accepted 12/28/2021	10/4/2021
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 Behavioral Health 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 #A20210371, which included eyewitness statements, staff admissions and witness credibility, the provider substantiated that neglect occurred when Employee #1 administered the wrong medications to Individual #1.	PR) 12/24/2021 Assistant Director of Nursing met with nurse involved and provided preventative counseling/corrective action by reviewing protocol for appropriately identifying patients prior to administering medication and reviewing policy. OHR/OLR) Accepted 12/28/2021	10/4/2021

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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.

Tonya Carr, Legal Operations Manager

(Signature of Organization Representative)

Date

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