

**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: **04-06-2022**

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) 04/28/2022 Reviewed procedure for tracking of incidents, final report and Directors Decision due dates as well as procedure for requesting extension of due date if necessary. OLR) Accepted 05/03/2022	4/7/2022

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12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;	N	North Spring Behavioral Health This regulation was NOT MET as evidenced by: • The incident occurred on 2/3/22. • The Investigator's Final Report (10 days from when investigation began) was due on 2/17/22. • The Director's Decision Date (10 days from when investigation was completed) was due on 3/3/22. • According to the provider's CHRIS report #A20220030, both the investigation findings and the director's decision regarding the findings were not entered into CHRIS until 3/14/22, 7 working days past due.	PR) 04/28/2022 Reviewed procedure for tracking of incidents, final report and Directors Decision due dates as well as procedure for requesting extension of due date if necessary. OHR/OLR) Accepted 04/28/2022	4/7/2022

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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				