

**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: **10-12-2022**

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(s) below.		
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. See § 37.2-100 of the Code of Virginia. • By a preponderance of the evidence, which included camera footage, eyewitness statements, staff admissions, failure to follow behavior/mgmt. plan and witness credibility, the provider substantiated the allegation of neglect in CHRIS report #A20220175.	PR) 11/04/2022 Director of Nursing provided counseling and corrective action with staff member involved including review of patient precautions review at shift change and ensuring that therapeutic intervention plans are adhered to. OHR/OLR) Accepted 11/07/2022	7/12/2022

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License #: 2171-14-001

Organization Name: North Spring Behavioral Healthcare, INC.

Date of Inspection: 10-12-2022

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>
		• Per provider CHRIS report #A20220175, Individual #1 was able to gain access to another individual's medications while Individual #1 was receiving first aid treatment for a minor self-inflicted wound. Individual #1 ingested the medications they grabbed after jumping over the Dutch door to the nurse's station. • Per provider's CHRIS report #A20220175, Individual #1's treatment plan was updated after a previous similar incident to include an alternative, private location for their medication administration, minor medical care and other nursing related duties. • Per provider's CHRIS report #A20220175, Employee #1 failed to adhere to the updated treatment plan and brought Individual #1 to the nurse's station for first aid care after which, Individual #1 was able to grab another individual's medications. • As a result of Employee #1's actions, Individual #1's right to be free from neglect was violated		

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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.				
_____ Ann Pascoe, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				