

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

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Investigation ID: 13

License #: 2172-04-005

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 11-18-2021

Program Type/Facility Name: 04-005 Kempsville Center

<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. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	Kempsville Center This regulation was NOT MET as evidenced by: The Provider failed to follow their own internal and external environmental maintenance safety security protocols for locked door policy. The Provider did not properly secure and lock their unit supply room door according to their policies and procedures.	PR) 03/28/2022 On 11/11/21, all patients were moved out of the Military Acute Unit building to the acute unit in the main building to continue programming. There were no patients admitted to the Military Acute Unit during this time until automatic door closures were installed ensuring auto close/auto lock mechanisms for storage rooms. On 1/21/22, automatic door closures were installed on the hygiene closet doors of the unit to assist with safety and prevention. OLR) Accepted 04/05/2022 OL Approved	1/21/2022

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Program Type/Facility Name: 04-005 Kempsville Center

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-580. B. - The provider shall outline how each service offers a structured program of individualized interventions and care designed to meet the individuals' physical and emotional needs; provide protection, guidance and supervision; and meet the objectives of any required individualized services plan.	N	Kempsville Center This regulation was NOT MET as evidenced by: Provider did not provide adequate structured program of care pertaining to monitoring and supervision. Individual #1 and peers, had unrestricted access to supplies in a storage room that was unlocked and unsecured. The staff did provide supervision or monitored individuals. Individuals gained total access to a supply room that should have been locked and secured. The staff did not monitor, protect and supervise Individuals during this period of time. .	PR) 03/28/2022 On 11/19/21, The Program Director provided re-education to the Mental Health Technician regarding appropriate monitoring/supervision that assure a safe environment to all patients serviced as outlined in facility policy and state regulations to include keeping doors locked to non-patient care areas to prevent access. On 11/11/21, all patients were moved out of the Military Acute Unit building to the acute unit in the main building to continue programming. There were no patients admitted to the Military Acute Unit during this time until automatic door closures were installed. On 1/21/22, The Director of Plant Operations installed automatic door closures on the hygiene closet doors to assist with safety and prevention. OLR) Accepted 04/05/2022 OL Approved	1/21/2022

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12VAC35-105-590. C. (3) - The provider shall meet the following staffing requirements related to supervision. 3. Supervision shall be appropriate to the services provided and the needs of the individual. Supervision shall be documented.	N	Kempsville Center This regulation was NOT MET as evidenced by: Due to the lack of staff supervision Individual #1 and peers, were able to freely access the supply room door and remove hygiene and other items. Individual #1 and residents had unrestricted access to supplies in a unlock storage room that should have been secured and monitored at all time.	PR) 03/28/2022 On 11/19/21, The Program Director provided re-education to the Mental Health Technician regarding appropriate monitoring/supervision that assure a safe environment to all patients serviced as outlined in facility policy and state regulations to include keeping doors locked to non-patient care areas to prevent access. On 11/11/21, all patients were moved out of the Military Acute Unit building to the acute unit in the main building to continue programming. There were no patients admitted to the Military Acute Unit during this time until automatic door closures were installed. On 1/21/22, The Director of Plant Operations installed automatic door closures on the hygiene closet doors to assist with safety and prevention. OLR) Accepted 04/05/2022	1/21/2022

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12VAC35-105-800. B. - Employees and contractors trained in behavior support interventions shall implement and monitor all behavior interventions.	N	Kempsville Center This regulation was NOT MET as evidenced by: Employee #1 used an unauthorized behavioral management technique during a physical intervention that caused Individual #1 serious injury to include removal and loss of hair, and damaged injured lip.	PR) 03/28/2022 The actions displayed by Employee 1 are not tolerated by Kempsville Center for Behavioral Health and are not representative of our mission, vision, values, or usual provision of services. Kempsville leadership took immediate action to investigate and address the staff involved which resulted in termination on 11/24/21. All staff are trained in behavior management at new employee orientation, annually, as well as on an as needed basis. This includes the proper technique for physical holds and the definition of seclusion as involuntary confinement of a patient in a room or area from which the patient is physically prevented from leaving. Following this event, a timely call was placed to Child Protective Services. Kempsville Center for Behavioral Health remains compliant with all Mandated Reporting requirements. Staff training was initiated 1/11/22 by the Program Director and Nurse Manager to all Mental health Technicians and Unit Nurses regarding appropriate staff to patient interaction that assure a safe environment to all patients serviced as outlined in facility policy and state regulations. Kempsville Center for Behavioral health continues to be committed to the highest quality behavioral healthcare. Additional training was initiated on 1/19/22 by the Director of Social Services focusing on compassion, dignity and respect in all actions and interactions, best practices for safely managing challenging behaviors and the management of Compassion Fatigue among staff members. OLR) Accepted 04/05/2022 OL Approved	3/11/2022

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12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	This regulation was NOT MET as evidenced by: Provider did not provide adequate monitoring and supervision. Individuals had access to supplies in a storage room that should have been secured and monitored at all time. The storage room was unlocked and Individuals removed hygiene and cleaning items from the room.	PR) 03/28/2022 PR) By submitting this Plan of Correction, the Hospital does not agree that the facts alleged are true or admit that it violated the rules. The Hospital submits this Plan of Correction to document the actions it has taken to address the citations and the allegations of deficiencies with respect to compliance. On 11/19/21, the Program Director provided re-education to the Mental Health Technician regarding appropriate monitoring/supervision that assure a safe environment to all patients serviced as outlined in facility policy and state regulations to include keeping doors locked to non-patient care areas to prevent access. On 11/11/21, all patients were moved out of the Military Acute Unit building to the acute unit in the main building to continue programming. There were no patients admitted to the Military Acute Unit during this time until automatic door closures were installed ensuring auto close/auto lock mechanisms for storage rooms. On 1/21/22, The Director of Plant Operations installed automatic door closures on the hygiene closet doors to assist with safety and prevention. OLR) Accepted 04/05/2022 OL Approved	1/21/2022

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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.				
_____ Dennis Riddick, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				