

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

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Investigation ID: 57

License #: 2172-04-005

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 02-14-2024

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>
12VAC35-46-850. A. (4) - The provider shall develop and implement written policies and procedures regarding the delivery and administration of prescription and nonprescription medications used by residents. At a minimum these policies will address: 4. Documentation of any medications prescribed and administered following admission.	N	Kempsville Center This regulation was NOT MET as evidenced by: The provider failed to document receipt of medication #1 received for Individual #1 During interview with employees, it was revealed the provider received medication #1 from Individual #1's parent on 2/11/2024 as it was a non-formulary drug that would not have been maintained on site. Administration of medication #1 did not occur until 2/13/2024. MAR documentation for 2/12/2024 indicates 'drug not available' after it had been delivered.	PR) 04/09/2024 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 citation and the allegation of deficiencies with respect to compliance. On 2/14/24, the Pharmacist and the Chief Nursing Officer met to discuss the process for receipt and verification of patient medications that are brought into the facility from home. When the Pharmacy receives an order for a non-formulary medication, nursing is contacted to verify whether the medication was brought from home or can be brought from home. Any medication brought in from home, during regular Pharmacy hours, is brought directly to the Pharmacy by the Charge Nurse for verification. Any medication brought in from home after regular pharmacy house, is brought directly to the Pharmacy by the Charge Nurse and the medication is secured in the green tote in the locked cabinet of the Pharmacy. The green tote is labeled "Home medications to be verified by Pharmacy". The Pharmacy staff check the green tote every day to ensure medications brought from home are verified, and medication is administered as ordered by the physician. The Chief Nursing Officer re-educated nursing staff to the process for receipt and verification of patient medications that are brought into the facility from home. The Pharmacist and Chief Nursing Officer will monitor compliance with the process through medication room audits and review of the MARs and providing re-	4/9/2024

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			education/training when necessary. Compliance will be reported by the Pharmacist to Quality Council monthly. OLR) Accepted 04/10/2024	

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.

Elaine Moser, Regional Manager

(Signature of Organization Representative)

Date

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