

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

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License #: **2172-04-005**

Organization Name: **Kempsville Center for Behavioral Health**

Date of Inspection: **11-08-2021**

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>
-				
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Kempsville Center This regulation was NOT MET as evidenced by: Provider did not properly secure and maintained the supply room door lock. According to staff the supply room door was not working properly prior to the incident, as evidenced on the video camera.	PR) 03/02/2022 Employee #10 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 11/11/22, 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 Unit during this time until automatic door closures were installed. On 1/21/22, Employee #11 installed automatic door closures on the hygiene closet doors to assist with safety and prevention. OLR) Accepted 08/24/2022	

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License #: **2172-04-005**

Organization Name: **Kempsville Center for Behavioral Health**

Date of Inspection: **11-08-2021**

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>
12VAC35-46-800. A. (1) - There shall be evidence of a structured program of care designed to: 1. Meet the residents' physical and emotional needs;	N	Kempsville Center 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.	PR) 03/03/2022 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. Employee #10 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 11/11/22, all patients were moved out of the Unit building to the acute unit in the main building to continue programming. There were no patients admitted to the Unit during this time until automatic door closures were installed ensuring auto close/auto lock mechanisms for storage rooms. On 1/21/22, Employee #11 installed automatic door closures on the hygiene closet doors to assist with safety and prevention. OLR) Accepted 08/24/2022	

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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>
12VAC35-46-910. B. - The area in which a resident is placed shall not be locked nor the door secured in a manner that prevents the resident from opening it.	N	Kempsville Center This regulation was NOT MET as evidenced by: Individual #1's human rights were violated when Individual #1 requested on numerous occasions to leave or exit "The Calm Room." Employee #1 restricted and blocked Individual #1's exit from the calm room when de-escalation had been established.	PR) 03/03/2022 The actions displayed by Employee 1 are not tolerated by Program #1 and are not representative of our mission, vision, values, or usual provision of services. Program #1 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. Program #1 remains compliant with all Mandated Reporting requirements. Staff training was initiated 1/11/22 by the Employee #10 and Employee #8 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. Program #1 continues to be committed to the highest quality behavioral healthcare. Additional training was initiated on 1/19/22 by Employee #12 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 08/24/2022	

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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>
12VAC35-46-940. A. (1) - The provider shall develop and implement written policies and procedures for behavioral interventions and for documenting and monitoring the management of resident behavior. Rules of conduct shall be included in the written policies and procedures. These policies and procedures shall: 1. Define and list techniques that are used and available for use in the order of their relative degree of restrictiveness;	N	Kempsville Center This regulation was NOT MET as evidenced by: According to the Provider, Employee #1 was terminated for using unauthorized behavioral management techniques during a physical intervention.	PR) 03/03/2022 The actions displayed by Employee 1 are not tolerated by Program #1 and are not representative of our mission, vision, values, or usual provision of services. Program #1 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. Program #1 remains compliant with all Mandated Reporting requirements. Staff training was initiated 1/11/22 by the Employee #10 and Employee #8 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. Program #1 continues to be committed to the highest quality behavioral healthcare. Additional training was initiated on 1/19/22 by Employee #12 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 08/24/2022	

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General Comments / Recommendations: Retrain staff on internal and external environmental safety checks protocols and to secure all doors and entrances. Security Awareness. Conduct a refresher training with direct care staff on agency appropriate and approved behavioral management techniques use during incidents. Conduct inter-agency refresher training on proper protocol conducted during Seclusion and Time Out. Request retraining or consultation from the Office of Human Rights on the topic of Seclusion and Time Out protocols.				
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				