

**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: 03-04-2022

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. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Kempsville Center This regulation was NOT MET as evidenced by: See OHR citations below.	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. 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	3/11/2022

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

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

Date of Inspection: **03-04-2022**

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>
			challenging behaviors and the management of Compassion Fatigue among staff members. OLR) Accepted 03/31/2022	

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Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 03-04-2022

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>
12VAC35-115-110. C. (8c) - The provider's duties. 8. Providers that use seclusion, restraint, or time out shall develop written policies and procedures that comply with applicable federal and state laws and regulations, accreditation and certification standards, third party payer requirements, and sound therapeutic practice. These policies and procedures shall include at least the following requirements: 8c. Each use of seclusion, restraint, or time out shall end immediately when criteria for removal are met.	N	Kempsville Center This regulation was NOT MET, as evidenced by: "Restraint" means the use of a mechanical device, medication, physical intervention, or hands-on hold to prevent an individual from moving his body to engage in a behavior that places him or others at imminent risk. On 11/8/2021 it was discovered that Employee 1 completed an improper hold that was not in compliance with the programs policy/ protocols.	PR) 03/28/2022 PR) 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. OHR/OLR) Accepted 03/29/2022	3/11/2022

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Kempsville Center 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 of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." On 11/8/2021 it was discovered that Employee 1 completed an improper hold that was not in compliance with the programs policy/ protocols.	PR) 03/28/2022 PR) 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. OHR/OLR) Accepted 03/29/2022	3/11/2022

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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				