

**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: **10-19-2023**

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.		
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, 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. Employee #1 provided individual #1 with incorrect medication in error.	PR) 11/20/2023 PR) The Director of Nursing provided supervision to the Nurse involved to include re-education/training of the Medication Administration Policy and Procedures which states the nurse must be free from interruption while administering medications, the bar code must be scanned immediately prior to administration of the medication, checking 5 rights to ensure correct medication is being given to the correct patient and match what is pulled up in Omnicell/HCS. 3 medication passes were observed by a preceptor to ensure competency. An Attestation Statement acknowledging Understanding of the training was signed by the Nurse and filed in the Nurse's employment record. The Director of Nursing/Designee will continue to monitor compliance with the Medication Administration Policy and Procedures by observing weekly medication passes and providing re-education/training when necessary. Compliance will be reported by the Director of Nursing/Designee to Quality Council monthly. OHR/OLR) Accepted 11/21/2023	11/20/2023 00:00:00

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