

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

Page: 1 of 2

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 did not follow policies and procedures regarding medication administration, resulting in individual #1 taking medication #1-medication #3 out of medication window and consuming one pill.	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, medications should not be removed from packaging or labeling until immediately before administration and are not to be left unattended or in reach of patient, and thorough mouth checks are to be completed after administration to ensure medications have been swallowed. 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 monitor compliance with following the Medication Administration Policy by observing medication passes weekly and providing re-education/training when required. Compliance is reported by the Director of Nursing/Designee monthly to Quality Council. OHR/OLR) Accepted 11/21/2023	11/20/2023 00:00:00

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Page: 2 of 2

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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				