

**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: **02-16-2024**

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>
12VAC35-105-150. (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.		

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

Date of Inspection: **02-16-2024**

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>
12VAC35-115-50. 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 medication #1 in error and medication #2 at incorrect time.	PR) 03/27/2024 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 that actions it has taken to address the citation and the allegation of deficiencies with respect to compliance. The Director of Nursing provided supervision to the Nurse involved to include re-education to the Medication Administration Policy, due to entering the wrong medication/dosage into HCS causing an error. Policy and Procedure states medication orders must be verified by the nurse prior to order entry into HCS. The Director of Nursing re-educated the Nurse on reading back and confirming telephone orders and questioning dosage. The Director of Nursing spoke with the Pharmacist regarding look alike, sound alike medications and an alert was set up in HCS for look alike, sound alike medications and a dosing alert for multiple tablets. 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 03/28/2024	03/27/2024 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				