

**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: **04-12-2024**

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.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Kempsville Center This regulation was NOT MET as evidenced by: Employee #1 failed to use proper behavioral management technique with individual #1.	PR) 04/17/2024OHR/OLR) Accepted 04/18/2024 PR) 04/17/2024OHR/OLR) Not Accepted 05/10/2024 OHR Response: Not accepted. Please enter actions to be taken. PR) 05/24/2024 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 the actions it has taken to address the citations and the allegations of deficiencies with respect to compliance. During camera review, Employee #1 was observed utilizing inappropriate Handle with Care technique on a patient during an incident involving the patient biting the employee. Kempsville Leadership took immediate action to investigate and address the employee involved which resulted in the employee receiving a Written Warning as Corrective Action. The	05/24/2024 00:00:00

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License #: 2172-04-005

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 04-12-2024

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>
			Program Manager/Trainer re-trained Employee #1 in Handle with Care techniques and expectations on 3/23/24 and prior to her next scheduled shift to work. The facility's Director of Risk Management and/or Assistant Director of Risk Management review 100% of patient events and restrictive interventions for compliance with facility policies/procedures. Any findings are addressed with staff directly involved via training or corrective action up to and including termination. The Director of Risk Management and/or Assistant Director of Risk Management review patient event data including actions to address staff compliance monthly to Quality Council. Behavior Management Techniques including verbal de-escalation are taught through New Employee Orientation and twice annually thereafter. Behavior Management training is tracked through the HR Department and noncompliance with training continues to be reported to Leadership for immediate action. Training compliance rate is reported monthly by the Director of HR to Quality Council. Kempsville Center for Behavioral Health remains compliant with all mandated reporting requirements and continues to be committed to the highest quality behavioral healthcare. OHR/OLR) Accepted 06/03/2024	

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Date of Inspection: **04-12-2024**

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>
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				