

**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: **06-24-2024**

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.		
12VAC35-115-50. 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 failed to monitor individual #1 & Individual #2 per policies and procedures which led to sexual misconduct.	PR) 08/05/2024 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 citations and the allegations of deficiencies with respect to compliance. The action taken by Employee #1 to monitor Individual #1 and Individual #2 was not per policy and procedure. Kempsville Leadership took immediate action to investigate and address the alleged incident which resulted in Employee #1 receiving a corrective action of a Final Written Warning. The Program Manager re-educated Employee #1 on the expectations for monitoring, being proactive, staff positioning, and locking unit doors to prevent patients from going down the hall during programming hours. Employee #1 signed the Patient Safety and Monitoring Attestation and was provided a copy of the Rounds for Monitoring Policy. The facility's Director of Risk Management and/or Assistant Director of Risk Management	08/05/2024 00:00:00

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Page: 2 of 2

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			review 100% of patient events for compliance with facility policies/procedures. Any findings are addressed directly with staff involved via training or corrective action up to and including termination. The Director of Risk and/or Assistant Director of Risk review patient event data including actions to address staff compliance monthly in 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 08/13/2024	

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