

**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: **11-06-2024**

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: **11-06-2024**

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. Individual #1 has milk allergy and was given buttermilk pancakes by employee #1.	PR) 12/09/2024 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 Dietary Manager provided an In-Service to all dietary staff regarding the Meal Request Process and addressing special dietary needs such as allergies. The agenda items covered in the In-Service included checking the most recent printed dietary order to see if new patients were admitted, cross reference the list of names with the dietary order sheet, make specialty tray to align with the patient's dietary needs, label the tray with patient's initials and dietary order, place the special trays on top of the bag to go to the unit, and label bag with the unit name. The dietary department has increased labeling to help avoid similar incidents. Dietary staff initialed an attendance sheet as evidence of participation and understanding of the In-Service. The Dietary Manager will monitor compliance with the Meal Request Process to include the process for special dietary needs/allergies and provide re-education when necessary. Compliance will be reported by the Dietary Manager to Quality Council monthly. OHR/OLR) Accepted 12/30/2024	12/09/2024 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				