

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

Page: 1 of 3

License #: **2172-04-005**

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

Date of Inspection: **05-12-2025**

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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Page: 2 of 3

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

Date of Inspection: **05-12-2025**

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 failed to ensure appropriate ratio was maintained which resulted in individual #1 being injured during peer-to-peer altercation.	PR) 06/06/2025 PR) Kempsville Center for Behavioral Health submits this Plan of Correction to document the actions taken to address the citation and the allegation of deficiencies with respect to compliance. The action taken by Employee #1, failing to ensure appropriate ratio was maintained which resulted in individual #1 being injured during a peer to peer altercation was not according to policy and procedure. Kempsville Leadership took immediate action to investigate the incident and address the staff involved. The Program Manager verbally counseled and re-trained Employee #1 on proper procedure to ensure appropriate ratios are maintained within the milieu and throughout all areas of the hospital. The facility Director of Risk Management/Designee will conduct random camera reviews in various areas of the facility over a 30 day period to ensure appropriate ratios are being maintained. Any non-compliance will be reported and addressed directly with staff involved via training or corrective action. The Director of Risk Management will report findings and actions taken to Quality Council following the 30 day period. 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 07/02/2025	06/06/2025 00:00:00

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Page: 3 of 3

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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				