

**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: 12-09-2025

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.		
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 extra dosage of medication #1 in error.	PR) 01/12/2026 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 citation and the allegation of deficiencies with respect to compliance. In efforts to reduce the number of pills administered, Employee #1 re-entered the order for Naltrexone 125mg in the evening, but did not remove the already existing order. In doing so, Individual #1 was administered 2 doses on 11/3/25. No adverse side effects were noted and the error was corrected. The Director of Pharmacy provided additional training to Employee #1 on HCS Order Entry-Linked Orders. Pharmacist Order Verification, in addition to Policy review of Pharmacist Review of Medication Orders, Clarification of Medication Orders, and Pharmacy Clinical Interventions. A signed attestation was placed in Employee #1's file as evidence of the re-trainings.	01/12/2026 00:00:00

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

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

Date of Inspection: **12-09-2025**

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>
			All Pharmacists are trained on the above mentioned trainings and all required trainings at new hire, annually, and on an as needed basis and criteria is assessed to demonstrate the understanding and skills necessary to ensure the ability to perform the skill safely, correctly, efficiently and in accordance with professional standards of practice, law and regulation and hospital policy. The Director of Pharmacy will continue to monitor for compliance with medication administration to include all medication orders being entered correctly. Medication errors are reported by the Director of Pharmacy upon discovery and monthly to Quality Council, along with the corrective actions taken to address the errors. Kempsville Center for Behavioral Health continues to be committed to the highest quality behavioral healthcare. OHR/OLR) Accepted 02/09/2026	

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Date of Inspection: **12-09-2025**

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>
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				