

**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: **03-12-2026**

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>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	Kempsville Center This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20260003 Date/Time of Discover: 11/23/2025 8:50PM Enter Date/Time: 02/26/2026 5:57PM Reporting Delay: 2253:7:00 Location Name: Kempsville Center CHRIS Number: 20260004 Date/Time of Discover: 11/23/2025 8:50PM Enter Date/Time: 03/02/2026 3:06PM Reporting Delay: 2346:16:00 Location Name: Kempsville Center CHRIS Number: 20260005 Date/Time of Discover: 03/06/2026 4:00PM Enter Date/Time: 03/08/2026 2:03PM Reporting Delay: 22:3:00 Location Name: Kempsville Center CHRIS Number: 20260006 Date/Time of Discover: 03/06/2026 4:00PM Enter Date/Time: 03/08/2026 3:02PM Reporting Delay: 23:2:00 Location Name: Kempsville Center CHRIS Number: 20260007 Date/Time of Discover: 03/06/2026 7:00PM Enter Date/Time: 03/08/2026 3:31PM Reporting Delay: 20:31:00 Location Name: Kempsville Center Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting	PR) 04/03/2026 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 that actions it has taken to address the citations and the allegations of deficiencies with respect to compliance. Serious Injuries 20260005, 20260006, and 20260007 were unrelated injuries, however, occurred on the same date of 3/6/2026 and required evaluation at an emergency room. 20260005 involved a patient that was injured when a person unrelated to Kempsville ran into the building/cafeteria while some residents were eating lunch. Emergency Medical Services were notified and responded immediately. The 2 residents involved were assessed immediately by EMS and were determined to have minimal injury and no need for emergency services. As a precautionary measure, the pediatrician at Kempsville ordered that the resident be seen at the Emergency Room. The Director of Performance Improvement immediately notified the Regional Human Rights Advocate, Latoya Wilborne, via phone, of the incident in addition to 20260006 and 20260007 with injuries requiring emergency services. The Director of Performance Improvement also attempted to reach the facility's Licensing Specialist on 2 occasions via phone to inform of the incidents. The Director of Performance Improvement attempted to enter the incidents into CHRIS the following day and within the 24 hours multiple times and received a message after clicking the Delta icon that the page was unavailable. The Director of Performance Improvement included	4/3/2026

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death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.		The first citation was issued on 5/9/25 and is now non-compliant.	all of this in each entry under when the page became available the following day. Serious Injuries 20260003 and 20260004 are related to 2 patients involved in the same incident. The notification to Human Rights was made timely by the Director of Risk Management the following day. The residents did not have injuries related to the alleged incident and did not require emergency services and therefore was not reported to Licensing at that time. The alleged incident was not substantiated due to one denying and there are not cameras in the bedrooms. On February 20, 2026 the physician for the resident under 2026003 received a letter from the Board of Health informing him of a complaint the mother made. The Director of Risk Management was notified of the complaint on Monday, 2/23/26. The Director of Performance Improvement and the Director of Risk Management reached out to our Licensing Specialist to make her aware of how the alleged incident was being presented in the complaint at which time the Licensing Specialist stated it should now be entered under the serious incident tab in CHRIS. The Director of Risk Management was then notified by the Incident Management team that if needed to be entered under both residents at which time it was entered. The Director of Performance Improvement and the Director of Risk Management have been re-educated to the standard of reporting to serious incidents to Licensing by the Chief Executive Officer and will ensure that all incidents meeting criteria will be reported within the 24 hour timeframe. The Director of Risk Management will report	

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			monthly to Quality Council the compliance on the reporting of serious incidents within 24 hours to licensing. Compliance will be monitored by the CEO and any noncompliance will require further corrective action. OLR) Accepted 04/21/2026	

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.

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined