

**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>
12VAC35-105-150. (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 incorrect medication #1 in error.	PR) 06/01/2026 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 citations and the allegations of deficiencies with respect to compliance. The actions displayed by Employee #1 are not representative of Kempsville Center for Behavioral Health's mission, vision, values, or usual provision of services. Leadership took immediate action to investigation and address the staff involved. On 1/20/26, The Nurse Manager presented the Employee Corrective Action Report to Employee #1 with preventative counseling as the corrective action and included re-education to the Administration of Medication, Recording of Refusals, Licensure and Authority Policy, verifying the 5 rights of medication administration, positively identifying a patient before administering a medication by checking the patient's identification with two hospital approved identifiers (i.e. date of birth, medical record number, photograph) and ask the patient	01/20/2026 00:00:00

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			to state his/her name, and avoiding distractions while administering medications. Employee #1 signed the corrective action report acknowledging receipt and understanding that noncompliance may result in further corrective action up to and including termination. The corrective action report is maintained in Employee #1's personnel file. The Chief Nursing Officer/Designee continues to monitor compliance with the Administration of Medication Policy through observed medication passes. Any noted noncompliance is addressed by providing re-education/training and/or corrective action up to and including termination. The Director of Pharmacy monitors medication administration records and informs the Chief Nursing Officer, Assistant Director of Nursing and the Director of Risk Management of any identified medication errors for investigation and a plan of correction. Medication errors and trending data are reported monthly by the Director of Pharmacy during Quality Council along with actions taken to address noncompliance. Kempsville Center for Behavioral Health continues to be committed to the highest quality behavioral healthcare. OHR/OLR) Accepted 07/07/2026	

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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>
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				