

**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: **06-16-2026**

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.		
12VAC35-115-70. B. (4) - The provider's duties. 4. Providers shall obtain and document in the individual's services record the individual's or his authorized representative's consent for any treatment before it begins. If the individual is a minor in the legal custody of a natural or adoptive parent, the provider shall obtain this consent from at least one parent. The consent of a parent is not needed if a court has ordered or consented to treatment or services pursuant to § 16.1-	N	Kempsville Center This regulation was NOT MET as evidenced by: Employee #1 failed to identify that individual #1 LG crossed off consents for medication #1 during admission which resulted in individual #1 receiving against LG wishes.	PR) 08/21/2026 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. The Director of Admissions reviewed the Admission Psychotropic Medication Consent Form and noted Atarax PRN for anxiety, agitation, and sleeplessness was crossed out on the form with mother's signature at the bottom of the form. On 3/21/26, the Director of Admissions provided re-education to the Admissions Clinician involved regarding the process for obtaining consent for psychotropic medications upon admission to include any additional or changed information on the consent being relayed to the admitting nurse. In addition, If guardian does not consent to a medication, this is to be notated on the yellow high risk notification form and verbally relayed to the admitting nurse. Understanding of the training was acknowledged via signed attestation.	08/21/2026 00:00:00

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241 C or D, 16.1-275, or 54.1-2969 A 1 or B of the Code of Virginia, or a local department of social services with custody of the minor has provided consent. Reasonable efforts must be made, however, to notify the parent or legal custodian promptly following the treatment or services. Additionally, a competent minor may independently consent to treatment for sexually transmitted or contagious diseases, family planning or pregnancy, or outpatient services or treatment for mental illness, emotional disturbance, or substance use disorders pursuant to § 54.1-2969 E of the Code of Virginia.			The Director of Admission will review 30% of patient records monthly for compliance with additional or changed information on the Admission Psychotropic Medication Consent being noted on the High Risk Notification Form and relayed to the admitting nurse. Noncompliance will be addressed through re-education/training and/or corrective action when necessary. Compliance will be reported by the Director of Admissions monthly to Quality Council. OHR/OLR) Accepted 08/26/2026	

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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				