

**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: 06-22-2026

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 failed to follow observation rounds policy and individual #1 eloped from facility.	PR) 08/24/2026 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 tolerated by Kempsville Center for Behavioral Health and are not representative of our mission, vision, values, or usual provision of services. Kempsville Leadership took immediate action to investigate and address the staff involved which resulted in the staff member being placed on administrative leave following the incident and the employment relationship ending on 4/10/26 via termination. An all staff training was provided by the Chief Nursing Officer and Program Director beginning 4/7/26 on the Rounds for Monitoring Policy to include handoff communication expectations and notification to nursing if a patient is hovering around exit doors and refusing to move,	08/24/2026 00:00:00

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Page: 2 of 3

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

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

Date of Inspection: **06-22-2026**

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>
			Observation of Patients Policy and Elopement and Code System Protocol Policies, as well as ensuring all doors close behind you before walking away. Understanding was acknowledged via signed attestation. The Director of Risk Management conducts camera reviews of all units and all shifts weekly for compliance with patient observation rounding. The Administrator on Call conducts in person rounds nightly and reviews the patient observation rounds forms for compliance with timely documented rounds. Noncompliance is addressed immediately by the AOC for in person reviews and by the supervisor for camera reviews. The supervisor addresses findings directly with the staff involved via training or corrective actions and human resources involvement. The Director of Risk Management reports on compliance with patient observation rounding observed via camera and in-person reviews monthly to Patient Safety Council and Quality Council.. OHR/OLR) Accepted 08/26/2026	

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Page: 3 of 3

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Date of Inspection: **06-22-2026**

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<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				