

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **2172-14-001**

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

Date of Inspection: **11-27-2023**

Program Type/Facility Name: **14-001 The Kempsville Center for B.H.**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	The Kempsville Center for B.H. 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	The Kempsville Center for B.H. This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Employee #1 grabbed Individual #1 by neck when he intervened in a different peer altercation with employee #1.	PR) 01/11/2024 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 11/3/23 via employee resignation. A timely call was placed to Child Protective Services following the	1/10/2024

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			allegation per facility policy and state requirements. All staff are trained in behavior management including verbal de-escalation at New Employee Orientation and twice annually thereafter. Behavior Management training is tracked through the HR Department, and noncompliance with training continues to be reported to Leadership for immediate action. Training compliance rates are reported monthly by the HR Director to Performance Improvement Committee. The facility Director of Risk Management reviews 100% of patient events and restrictive interventions for compliance with facility policies/procedures. Any findings will be addressed directly with staff involved via training or corrective actions. The Director of Risk Management will review patient event data including actions to address staff compliance monthly in Performance Improvement Committee. Kempsville Center for Behavioral Health continues to be committed to the highest quality behavioral healthcare. OHR/OLR) Accepted 01/11/2024	

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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				