

**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: **03-18-2024**

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>
12VAC35-105-150. (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	The Kempsville Center for B.H. This regulation was NOT MET as evidenced by: See OHR citations below.		

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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: "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 and medication #2.	PR) 04/17/2024 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 that actions it has taken to address the citation and the allegation of deficiencies with respect to compliance. The Chief Nursing Officer and Hospital Pharmacist met to discuss the incident and determined an HCS system problem to be partial cause for the error. Banners in HCS were not alerting for similar named patients within a unit/program receiving medications. The Pharmacist contacted HCS and Name Alerts have been added. The Chief Nursing Officer provided re-education/training to the Nurse involved regarding the Medication Administration Policy to include positively identifying a patient before administering a medication by checking the patient's identification with two hospital approved identifiers (i.e. date of birth, patient medical record number, photograph) and ask the patient to state his/her name. The Chief Nursing Officer/Designee will continue to monitor compliance with the Medication Administration Policy and Procedures by observing weekly medication passes and providing re-education/training when necessary. Compliance will be reported by the Chief Nursing Officer/Designee to Quality Council monthly. OHR/OLR) Accepted 04/23/2024	04/17/2024 00:00:00

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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				