

**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: **09-23-2024**

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>
12VAC35-46-70. - 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.		

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License #: 2172-14-001

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 09-23-2024

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>
12VAC35-115-50. 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 failed to secure personal belongings per policies and procedures which led to individual #1 using a vape that was left in jacket.	PR) 10/21/2024 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 action 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. 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 9/4/24. All Mental Health Technician's were provided re-education/training by the Program Director on the safe keeping of personal belongings (including vapes) to remain in the staff office or locker only and never enter the milieu. Also, staff jackets, sweatshirts, and any attire with pockets should be free of all personal items before entering the milieu to avoid the potential for patient access. A signed attestation acknowledging receipt and understanding of the training is kept in each MHT's training file. The Director of Risk Management will continue to monitor for compliance with safe keeping of personal belongings by review and trending of incidents/grievances and ensuring re-education/training is provided when necessary. OHR/OLR) Accepted 10/25/2024	10/21/2024

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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				