

**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: **01-10-2025**

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.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	The Kempsville Center for B.H. This regulation was NOT MET as evidenced by: Employee #1 failed to use proper behavioral management technique with individual #1.	PR) 03/05/2025 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. Upon completion of the investigation, it was determined the staff member utilized improper technique during the physical intervention with a	3/5/2025

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License #: 2172-14-001

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 01-10-2025

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>
			patient. The staff member received corrective action to include Handle with Care and Verbal De-escalation refresher training. 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 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 03/06/2025	

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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				