

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

Page: 1 of 3

License #: 2172-14-001

Organization Name: Kempsville Center for Behavioral Health

Date of Inspection: 12-09-2025

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> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- 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.<br>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.<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br>Employee #1 did not provide Individual #1 with medication #1 at the designated time. | PR) 01/12/2026<br><br>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 citation and the allegation of deficiencies with respect to compliance.<br><br>Employee #1 administered Individual #1 Abilify 2mg in error. The error was immediately discovered and reported by Employee #1. No adverse side effects were noted as a result of the error. The RTC Nurse Manager spoke with Employee #1 who stated distractions played a part in the error occurring. In Employee #1's statement, the Nurse stated she will ensure that all non-urgent interruptions are minimized during medication administration and that two patient identifiers are verified for every medication administration. Employee #1 received a preventative counseling related to the medication error and re-training of the Medication Administration Policy was provided by the Nurse Manager on 11/15/25. | 01/12/2026<br>00:00:00    |

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Page: 2 of 3

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

Date of Inspection: **12-09-2025**

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> |
|--------------------------|-------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                          |             |                                     | <p>All Nurses are trained on hire, annually and as needed basis on the Medication Administration Policy and Procedures by the Chief Nursing Officer/Designee. The Chief Nursing Officer/Designee will continue to monitor for compliance with the Medication Administration Policy and Procedures by observing weekly medication passes and providing re-education/training when necessary. The Director of Pharmacy will continue to monitor medication administrations in HCS and report any/all medication errors immediately to the Chief Nursing Officer/Designee and Risk Management for investigation and determined level of corrective action and training are provided by the Chief Nursing Officer/Designee. The Director of Pharmacy reports medication errors and trending data monthly to Quality Council and the level of corrective action/re-education/training provided.</p> <p>Kempsville Center for Behavioral Health continues to be committed to the highest quality behavioral healthcare.</p> <p>OHR/OLR) Accepted 02/09/2026</p> |                           |

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Page: 3 of 3

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                            |             |                                                     |                            |                           |
| 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. |             |                                                     |                            |                           |
| _____<br>Latoya Wilborne, Human Rights                                                                                                                                                                                                                                                                |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined                                                                                                                                                                                                     |             |                                                     |                            |                           |