

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

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License #: **2713-04-005**

Organization Name: **Riverside Mental Health & Recovery Center**

Date of Inspection: **12-05-2025**

Program Type/Facility Name: **04-005 Riverside Mental Health & Recovery**

<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	Riverside Behavioral, Inc. This regulation was NOT MET as evidenced by: See OHR citations below.	PR) 12/19/2025 An investigation was begun on 10/16/2025 (when the event was reported). The staff member involved in the event realized that she had made an error and the nursing supervisor and medical provider were notified. The patient did not experience any adverse side effects from the medication. An investigation including witness statements and policy review was completed. Documentation of investigation and corrective actions taken with the individual staff member was submitted to the Office of Human Rights on 10/28/2025 via CHRIS reporting system. The corrective actions included coaching and re-education. Verification of documentation of corrective actions taken with individual team member was submitted to Office of Human Rights on 11/14/2025 via electronic communication. Policy review did not reveal need for policy revision; current policy is clear, understandable, communicated to staff, readily available for staff reference and provides guidance to provide a safe environment. OLR) Accepted 12/22/2025	11/14/2025

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License #: **2713-04-005**

Organization Name: **Riverside Mental Health & Recovery Center**

Date of Inspection: **12-05-2025**

Program Type/Facility Name: **04-005 Riverside Mental Health & Recovery**

<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	Riverside Behavioral, Inc. 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 of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A- 20250090 the provider's investigation includes staff admission and eyewitness statements which revealed that Employee #1 failed to complete verification of identity prior to administering medication to Individual #2. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 12/19/2025 An investigation was begun on 10/16/2025 (when the event was reported). The staff member involved in the event realized that she had made an error and the nursing supervisor and medical provider were notified. The patient did not experience any adverse side effects from the medication. An investigation including witness statements and policy review was completed. Documentation of investigation and corrective actions taken with the individual staff member was submitted to the Office of Human Rights on 10/28/2025 via CHRIS reporting system. The corrective actions included coaching and re-education. Verification of documentation of corrective actions taken with individual team member was submitted to Office of Human Rights on 11/14/2025 via electronic communication. Policy review did not reveal need for policy revision; current policy is clear, understandable, communicated to staff, readily available for staff reference and provides guidance to provide a safe environment. OHR/OLR) Accepted 12/22/2025	11/14/2025

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General Comments / Recommendations: Please ensure that the interventions and objectives are consistently documented within each goal, and provide greater specificity regarding the interventions utilized in the treatment plan. Please ensure that progress notes consistently align with the goals and corresponding interventions outlined in the treatment plan. Please respond to the CAP on or before the due date. If you should have any questions or require further assistance, please contact me via CONNECT or at 804-393-0663.				
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				