

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

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License #: **3517-14-010**

Organization Name: **Virginia Health Operations LLC**

Date of Inspection: **03-29-2024**

Program Type/Facility Name: **14-010 Newport Academy- Creekside**

<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	Newport Academy- Creekside This regulation was NOT MET as evidenced by: See OHR citations below.		

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12VAC35-115-110. A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.	N	Newport Academy- Creekside This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. -Due to a preponderance of evidence, the provider has substantiated C#20230003. -Employee #1 used unauthorized physical restraint while de-escalating self-harm on Individual #1. -The provider failed to protect Individual #1 from harm.	PR) 04/24/2024 07/25/2023 - Retraining with Care Coordinator involved 03/13/2024 - Care Coordinator involved is no longer employed with us 04/15/2024 - All-Staff retraining regarding using less restrictive interventions to manage aggressive and self-injurious behaviors OHR/OLR) Accepted 04/24/2024	4/15/2024

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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.				
_____ Diana Atcha, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				