

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

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License #: **4380-04-005**

Organization Name: **Children's Hospital of The King's Daughters, Incorporated**

Date of Inspection: **02-03-2026**

Program Type/Facility Name: **04-005 Children's Pavilion**

<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	Children's Pavilion This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-110. A. - Each individual is entitled to be completely free from any unnecessary use of seclusion, restraint, or time out.	N	Children's Pavilion This regulation was NOT MET as evidenced by: Employee #1 utilized inappropriate restraint with individual #1.	PR) 03/20/2026 Circumstances Leading to Noncompliance: During routine video review of restraint episodes, it was identified that a mechanical restraint chair and board were utilized during a patient behavioral escalation. Although the restraint was ordered by the attending psychiatrist in response to patient aggression and escalating unsafe behavior, during interviews with staff not all staff confirmed the patient met criteria for a physical hold. This resulted in noncompliance with 12VAC35-115-110, which requires individuals to be free from unnecessary or improperly applied restraint. Actions to be Taken: 1. Clarification of Staff Responsibilities During Behavioral Emergencies: Education will reinforce that staff participating in physical management must independently recognize that behavioral criteria for restraint are present and should communicate observed behaviors prior to	05/31/2026 00:00:00

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			initiating physical management when possible. 2. Role Clarification Between Medical and Unit Staff: Mental health leadership will reinforce that while physicians may order restraints, bedside staff must confirm that the patient's behavior meets criteria for physical management. Orders alone should not substitute for the presence of behavioral criteria required by policy and regulation. 3. Improved Coordination During Physical Management: Unit staff will be re-educated on designated leadership roles during behavioral emergencies to ensure clear direction, communication, and coordination when multiple staff respond to a panic call. Completion Date April 30, 2026 Monitoring: Mental Health Quality Manager, or designee, will review restraint events through documentation and video review when available to confirm: Behavioral criteria for physical management were present prior to restraint initiation. Less restrictive interventions were attempted or considered. Staff demonstrated appropriate coordination and leadership during restraint events. Any identified concerns will be addressed through immediate coaching and follow-up education.	

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			Completion Date May 31, 2026 Audits: 100% of restraint events will be reviewed from March 30, 2026 to May 31, 2026 . Then restraints will be reviewed to ensure continued compliance with restraint criteria and staff role expectations. Correction action will be implemented as needed. Completion Date May 31, 2026 OHR/OLR) Accepted 04/08/2026	

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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				