

**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: **06-22-2026**

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.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Children's Pavilion 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, 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. Employee #1 failed to perform the duties of safety checks and attendance for individual #1 as documented in the electronic medical record.	PR) 08/20/2026 Circumstances leading to the noncompliance: On January 22, 2026, a review of documentation and video surveillance revealed a discrepancy between recorded and performed safety checks. Mental Health Coach (MHC) GW documented completion of q15-minute safety checks at 18:33 and 18:45 for a patient assigned to 13A. Video reviewed confirmed that the 18:45 safety check was not performed as documented. At the time the check was recorded, MHC GW remained in the nurse's station and did not physically observe the patient. At 19:01, the patient was discovered by nursing staff in their room with the door barricaded and pants tied around their neck, indicating a serious safety event. The patient reported not being checked for approximately 30 minutes, which was substantiated by video review. Established safety observation procedures require direct visualization of the patient, including entering the room when necessary to ensure patient safety. These requirements were not followed.	07/31/2026 00:00:00

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			Failure to adhere to established q15-minute safety observation protocols resulted in a lapse in patient monitoring and posed a significant risk to patient safety. MHC GW was terminated on January 27, 2026, for violation of hospital policy regarding patient safety observation and documentation standards. Actions Taken: Personnel Action: The employee responsible for the inaccurate documentation was terminated on January 27, 2026, in accordance with hospital policy Patient Safety Interventions: Following the event, the patient received increased supervision. Upon return from the Emergency Department, the patient was placed on 1:1 observation within arm's length at all times. The patient was also placed on floor restriction, and potentially unsafe items were removed from the patient 's room. Policy/Process Reinforcement: Requirements for completion and documentation of 15-minute safety observations were reinforced with staff. Staff were reminded that safety checks require direct visualization of the patient and accurate, contemporaneous documentation of the observation. Monitoring: Following implementation of the corrective actions, ongoing monitoring was conducted to evaluate compliance with required 15-minute safety observation procedures.	

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			The B-shift RN reviewed two A-shift charts and two B-shift charts each day for compliance with the required 15-minute safety observations and corresponding documentation. Monitoring occurred from June 10, 2026 to July 31, 2026. The purpose of the monitoring was to verify that required observations were being completed as ordered, that patients were directly observed in accordance with established procedures, and that documentation accurately reflected the observations performed. NO deficiencies were identified during the monitoring period. Auditing: Audit findings were reviewed by unit leadership to evaluate compliance with 15-minute safety observation requirements and to identify any trends or opportunities for improvement. During the monitoring period through July 31, 2026, the required chart audits were completed and no deficiencies were identified. The audits demonstrated continued compliance with the required 15-minute safety observation process and documentation requirements. The results of the monitoring were reviewed by unit leadership. Based on the sustained compliance demonstrated during the monitoring period, the enhanced monitoring associated with this corrective action plan for OHR was completed on July 31, 2026. Routine supervisory oversight and quality monitoring of patient safety observations will continue as part of the unit's ongoing patient	

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			safety processes. Completion Date July 31, 2026 OHR/OLR) Accepted 08/31/2026	

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