

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

Page: 1 of 2

License #: 549-04-005

Organization Name: Cumberland Hospital, LLC

Date of Inspection: 01-12-2022

Program Type/Facility Name: 04-005 Inpatient Unit 7

<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	Inpatient Unit 7 This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 01/19/2022 This was self-reported in the CHRS system on 12/21/2021. The staff involved was immediately suspended pending investigation. Per the evidence in the investigation the Staff member received education/training from the Nursing leadership. Evidence of this education/training was sent to OHR on 1/11/2022 and uploaded to this response. Additionally the patient involved was not harmed in anyway during this incident. OLR) Accepted 01/20/2022	1/11/2022
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	Inpatient Unit 7 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. Upon review of CHRIS entry A-20210136, the provider's investigation included eyewitness statements, witness credibility and video review which concluded that: Employee 1 failed to complete a mouth check of Individual 1 after administering medication per the provider's policy. Based on the provider's investigative rationale, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 01/19/2022 This was self-reported in the CHRS system on 12/21/2021. The staff involved was immediately suspended pending investigation. Per the evidence in the investigation the Staff member received education/training from the Nursing leadership. Evidence of this education/training was sent to OHR on 1/11/2022 and upload to this response. Additionally the patient involved was not harmed in anyway during this incident. OHR/OLR) Accepted 01/19/2022 OHR) OHR Response: 1/19/2022: Accepted. AM	1/11/2022

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

Page: 2 of 2

License #: **549-04-005**

Organization Name: **Cumberland Hospital, LLC**

Date of Inspection: **01-12-2022**

Program Type/Facility Name: **04-005 Inpatient Unit 7**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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.				
_____ Tonya Carr, Legal Operations Manager		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				