

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

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License #: 549-04-005

Organization Name: Cumberland Hospital, LLC

Date of Inspection: 03-02-2022

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)<br>- 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<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>This was a self reported into the CHRIS system on 1/27/2022. The staff members received corrective and re-education/training on the hospital policy regarding patient observation and corrective action methods from Nursing leadership. Evidence of Corrective action was sent to OHR advocate on 2/16/2022 and uploaded here as well.</p>                                                    | 2/16/2022                 |
| 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<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br><ul style="list-style-type: none"> <li>Upon review of CHRIS entries A-20220017 and A-20220018, the provider's investigation determined Employee #2 failed to follow the provider's Hospital Policy 392-Levels of Observation and neglect was found.</li> </ul> | PR) 03/04/2022<br><br>This was a self reported into the CHRIS system on 1/27/2022. The staff members received corrective and re-education/training on the hospital policy regarding patient observation and corrective action methods from Nursing leadership. Evidence of Corrective action was sent to OHR advocate on 2/16/2022 and uploaded here as well.<br><br>OHR/OLR) Accepted 03/08/2022 | 2/16/2022                 |

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| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                     | <u>Comp</u> | <u>Description of Noncompliance</u>                                          | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u>                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                                   |             |                                                                              |                            |                                                                              |
| <p>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.</p> |             |                                                                              |                            |                                                                              |
| <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>                                                                                                                                                                                                                                 |             | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> |                            | <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> |
| Tonya Carr, Legal Operations Manager                                                                                                                                                                                                                                                                         |             | (Signature of Organization Representative)                                   |                            | Date                                                                         |
| <p>C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined</p>                                                                                                                                                                                                     |             |                                                                              |                            |                                                                              |