

**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: 03-22-2022

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>
12VAC35-105-280. A. - The physical environment, design, structure, furnishings, and lighting shall be appropriate to the individuals served and the services provided.	N	Inpatient Unit 7 This regulation was NOT MET as evidenced by: In room 711, the metal beams were exposed in the ceiling corners of the bedroom.	PR) 04/05/2022 12VAC35-105-280. A. The Director of Plant Operations is the responsible individual for the following corrective action: The ceiling in room 711 was repaired by cutting and replacing the section of drywall material in the ceiling which had pulled away from the upper wall seam and exposed the metal beams. The repair was completed on 4/1/2022. OLR) Accepted 04/18/2022	4/1/2022
12VAC35-105-280. C. - The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained.	N	Inpatient Unit 7 This regulation was NOT MET as evidenced by: During the inspection of the bathroom on this unit, 1 or 4 bathrooms did not have a shower curtain. There were missing shower hooks in 3 of the 4 bathrooms, in which the shower curtain were not able to hang properly.	PR) 04/05/2022 The Director of Plant Operations is the responsible individual for the following corrective actions: A shower curtain was installed in the 3rd patient bathroom on unit 7B on 3/23/2022. New Shower curtain clips were installed in all 4 patient bathrooms on unit 7B to ensure maximum coverage and privacy of patients while showering in the individual patient restrooms. To ensure sustained compliance, observation of "integrity of shower curtains" was added to the Director's weekly environmental rounds. The maintenance issues identified in this report were fully corrected by 3/23/2022. OLR) Accepted 04/18/2022	3/23/2022

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General Comments / Recommendations: No 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.				
_____ Nicole Willis, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				