

**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: 07-20-2022

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) 08/02/2022 This incident was self reported to via CHRIS on 7/06/2022. Per the evidence in the investigation the Staff member received education/training on the hospital approved restraint method CPI. and a written warning from the Nursing leadership. Evidence of this Corrective Action was sent to OHR on 7/12/2022 and upload to this response. Additionally the patient involved was not harmed in anyway during this incident. OLR) Accepted 08/08/2022	8/2/2022
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: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry A-20220113, the provider's investigation determined Employee #1 failed to follow approved CPI methods to restrain Individual #1 and abuse was found. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 08/02/2022 This incident was self reported to via CHRIS on 7/06/2022. Per the evidence in the investigation the Staff member received education/training on the hospital approved restraint method CPI. and a written warning from the Nursing leadership. Evidence of this Corrective Action was sent to OHR on 7/12/2022 and upload to this response. Additionally the patient involved was not harmed in anyway during this incident. OHR/OLR) Accepted 08/02/2022	8/2/2022

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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.				
_____ Tonya Carr, Legal Operations Manager		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				