

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

Page: 1 of 3

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

Organization Name: **Cumberland Hospital, LLC**

Date of Inspection: **10-12-2022**

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.		

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

Page: 2 of 3

License #: 549-04-005

Organization Name: Cumberland Hospital, LLC

Date of Inspection: 10-12-2022

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>
12VAC35-115-50. 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. Provider substantiated abuse based on the following: Upon review of CHRIS entry A-20220138, the provider's investigation substantiated abuse specific to the use of unauthorized restraint technique. Based on preponderance of evidence, Employee #1's intentional act of using unauthorized restraint techniques might have caused physical or psychological harm or injury to the Individual. This meets the regulatory definition of abuse.	PR) 10/12/2022 This incident was self-reported into the CHRIS system on 9/12/2022. The accused staff member received Corrective education from Nursing leadership relating to escorting patients in compliance with the Facility approve method of CPI. Evidence of this education is attached and has been submitted to OHR advocate on 10/11/2022. It is important to note that the patient involved was not hurt in anyway. OHR/OLR) Accepted 10/12/2022	10/12/2022 00:00:00

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

Page: 3 of 3

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

Organization Name: **Cumberland Hospital, LLC**

Date of Inspection: **10-12-2022**

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.				
_____ Cassie Purtlebaugh, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				