

**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: **01-17-2024**

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.		

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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: "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:20230053, the provider's investigation included eyewitness statements, review of provider's policy and a review of video footage which revealed: - Employee #1, Employee #2, Employee #3 and Employee #4 failed to maintain continuous supervision during shift exchange. - A peer was able to enter Individual #1's room unnoticed and remained for seven minutes. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 02/14/2024 By submitting this Plan of Correction, Cumberland Hospital does not agree that the facts alleged are true or admit it violated the rules. The hospital submits this Plan of Correction to document the actions it has taken to address the citations. Action: Following the event, the provider reviewed and educated the staff members involved on policies and procedures related to supervision which was completed on 11/4/2023. PR also provided retraining to all 7B staff on the Level of Observation policy. This education was completed in person on 11/4/2023. Monitor: The facility CEO continues to prompt for review of events in daily facility operations meeting including immediate correction where deemed necessary. Incident trends and corrective actions continue to be reviewed monthly during performance improvement committee. OHR/OLR) Accepted 02/15/2024	02/20/2024 00:00:00

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