

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

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License #: **841-04-005**

Organization Name: **Newport News Behavioral Health Center**

Date of Inspection: **07-15-2026**

Program Type/Facility Name: **04-005 Acute Care Unit**

<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	Acute Care Unit This regulation was NOT MET as evidenced by: See OHR citations below.		
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	Acute Care Unit 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 of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A20260097 the provider's investigation includes staff admission and eyewitness statements which revealed that determined that Individual #1 engaged in sexual contact with peer due to the lack of adequate supervision of Employee #1, Employee #2 and Employee #3. Based on the investigative findings	PR) 08/25/2026 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The alleged non-compliance involved concerns that patient supervision and monitoring requirements were not adequately maintained. Review of the incident found that staff completed all required safety observation rounds in a timely manner and provided enhanced supervision during periods of increased patient acuity. Specifically, staff positioned themselves directly outside the patient's bedroom door to maintain continuous observation during the timeframe in which the incident allegedly occurred. The facility will continue to reinforce observation and monitoring expectations with staff, ensure documentation accurately reflects supervision practices, and monitor compliance through ongoing supervisory oversight and auditing.	08/25/2026 00:00:00

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		of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. To address this deficiency and minimize the risk of recurrence, the facility implemented several systemic corrective actions. The patient safety observation process was reviewed and revised, including updating the observation documentation sheets from 15-minute intervals to 12-minute intervals to provide staff with additional time to complete and document rounds within the required timeframe. Leadership also implemented weekly audits of overnight patient safety observation rounds to monitor compliance, identify trends, and provide immediate feedback when concerns are identified. Staff who fail to meet compliance expectations will be subject to progressive corrective action. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Weekly audits 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Persons responsible for monitoring are Program Managers, Director of Residential Services,	

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			Director of Risk/PI, DON, Acute Nurse Manager 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen. All steps have been taken and are being included as scheduled. OHR/OLR) Accepted 08/26/2026	

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.

Latoya Wilborne, Human Rights

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined