

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

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Investigation ID: 264

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 06-02-2025

Program Type/Facility Name: 14-001 Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-290. - Any location where the provider is responsible for preparing or serving food shall request inspection and shall obtain approval by state or local health authorities regarding food service and general sanitation at the time of the original application and annually thereafter. Documentation of the most recent three inspections and approval shall be kept on file. This section does not apply to sponsored residential services or to group homes or community residential homes.	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of inspection, Employee #1 did not implement the provider's policy of Staff Supervision of Children 7. In order to maintain appropriate staff to resident supervision, staff will redirect residents from blind spot areas within the facility. A blind spot is defined as an area or direction in which somebody's vision is obscured. In order to maintain a safe environment, you must be aware of blind spots in your work areas. 10. Supervision of the resident/patient community courtyards and dining halls are as follows: During courtyard time each individual staff member is required to maintain supervision of the resident/patients from opposite areas of the courtyard.	PR) 10/21/2025 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. On February 10, 2025, at around 3:43 pm. Residents JO and BF were outside in the boy's courtyard with their unit. Staff were seated at the picnic table talking with another resident. JO and BF were about 50 feet away talking with two other residents. JO and two of the residents walked to the side of the unit where the fence is located (out of line of sight of staff). BF was walking in the opposite direction towards staff bouncing the basketball. As JO climbs up the fence with the help of another resident, BF then starts to walk back towards the fence. JO makes it over the fence. BF looks back to see if staff is looking and runs over to the fence and jumps over the fence again with the help of another resident. The resident that was helping them over the fence proceeds back to the courtyard at 3:44 and starts playing basketball. At around 3:36 it appears staff told the unit to line up to go to return inside. At 3:47 staff realize the two residents are not in line and proceed to look for them on the side of the building. After realizing they were no longer on the courtyard, the staff informed the Alpha who then called a code Staff performance due to the following factors- fatigue, inattention, distraction or workload as well as staff knowledge deficit or competency. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in	10/21/2025

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			compliance of the regulation. Staff will be assigned at the appropriate level when unit patients are utilizing the fenced outdoor space. Staff will be active, continuously rounding, and monitoring all patients while in the outdoor space. Patients will be redirected by staff when they approach, sit, stand or loiter near the fence perimeter. Staff members will carry walkie-talkies at all times during the outdoor sessions and monitor for activity that may compromise the integrity and function of the fence, which may include, (but not limited to), patient digging in the dirt near the perimeter of the fence, gate or door, patient climbing on fence/using fence as a foot hold, patient pulling on fence. Any such behavior will require immediate intervention and result in outdoor restriction (see #4). Area Restrictions - Patients may be restricted from the outdoor area based on physician review and order to ensure patient safety. Any restrictions will be documented in the medical record. Observation round sheets will follow patients to fenced outdoor areas and patient rounds will be conducted by facility policy. Inclement Weather: Patients and staff will be expected to wear appropriate temperature clothing when in the fenced outdoor space. Use of this area will be cancelled because for inclement weather at the staff's discretion. Facility will participate in a quarterly Code Green AWOL mock drill to assess competency and readiness for an elopement event. 3. Include Staff by Title who will monitor the	

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			procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Responsible Party: Director of Residential, Director of Nursing, and Director of Risk Management 4. By what date you will have each planned corrective action be completed (Ex. Date training completed or Date protocol implemented). Corrective actions have already been put in place, February 2025. OLR) Accepted 10/21/2025	

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General Comments / Recommendations: Please utilize the guidance below when responding: Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. Include all 4 points below, in detail, in your response to each violation: 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. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).				
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.				
_____ James Butts, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				