

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

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License #: **841-14-001**

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

Date of Inspection: **01-05-2023**

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>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: See OHR citation 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	Newport News Behavioral Health 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 CHRIS entry A- 20220356; the provider's investigation includes staff admission and eyewitness statements which revealed that Employee # 1 grabbed Individual #1 by the shirt and them	PR) 01/06/2023OHR/OLR) Accepted 01/06/2023 PR) 01/06/2023OHR/OLR) Pending Response 01/06/2023 PR) 01/27/2023 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 12/27/2022 Patient was questioned by staff about taking a dinner tray from the table that belonged to another staff member. The patient became upset walking away from the staff shouting threats stating that he was going to assault a peer and kick the back door out. The patient then knocked a sleeve of cups off the table and proceeded to walk towards a group of patients that were in the hallway playing video games. Staff member followed the patient to the	1/27/2023

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		pick up the food that was knocked over. Individual #1 swung on Employee #1. Employee #1 was placed Individual #1 against the wall. Individual #1 hits their head on the wall during the altercation, resulting in bruise over Individual #1's right eye.	end of the hallway and escorted the back towards the cups and repeatedly told the patient to pick up the cups. The patient refused, staff then leaned over while still holding the patient by his shirt and picked up the cups with the patient walked to the trash can and threw the cups away. The patient was then let go and while still upset the patient went into the calm down room and proceeded to flip over a rocking chair that was placed in the room. The patient came back and forth out of the calm down room shouting threats to peers and staff. The staff person then entered the room and walked up to the patient and redirected the behaviors, the patient attempted to punch the staff in the abdomen area. The staff person then grabbed the patients' hands to prevent the patient from hitting him and moved the patient to the other side of the wall where he continued to be combative. The patient inadvertently hit his head on the wall as he continued to struggle to get away from the staff. Once the patient appeared calm, the staff person released the patient. Once reviewed it was observed that the staff did not follow the correct procedures pertaining to incident report and crisis management. The staff person also failed to use adequate Handle with care Verbal de-escalation of physical intervention techniques. Due to multiple failed policies, the staff was immediately placed on administrative leave pending investigation and terminated from employment on 1/4/2022. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been	

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			or will be implemented to ensure you remain in compliance of the regulation. Newport News Behavioral Health Center will continue to offer initial Handle with Care training, annual recertifications and semi-annual refreshers for all staff. The focus of this training is to ensure that all staff are comfortable with proper usage of verbal and physical interventions. We also offer annual line of sight/supervision training. 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). Kimberly Sinclair, Human Resources Director, will conduct monthly audits of staff charts to ensure that staff are adequately trained. She will also lead an incident review committee that will conduct daily reviews of all restraints. This will allow leadership to identify any training deficiencies that need to be addressed. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Staff separated from employment on 1/4/2023 Date review committee OHR/OLR) Accepted 01/27/2023	

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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.

Reginald Daye, Human Rights

(Signature of Organization Representative)

Date

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