

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

Page: 1 of 18

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

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

Date of Inspection: **10-10-2023**

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>
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	NS	Newport News Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: At the time of the inspection of the personnel records, the provider failed to provide proof of references for Employee #1 and Employee #2. This regulation was cited for systemic non compliance due all employees were non compliance for this regulation. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/29/2023 1. The provided failed to provide proof of reference for Employee #1. 2. Employee #1 was hired in 2016 and no record of references was found. We currently have an electronic system called SkilledSurvey that requires new employees to submit references in the system. 3. This will be monitored by HR Generalist on a weekly basis to ensure that facility is meeting this requirement. 4. HR Generalist will validate that SkillSurvey has been submitted as part of onboarding process. Any issues will be escalated to HR Director for resolution. 5. Already implemented with ongoing monitoring OLR) Accepted 12/13/2023	11/29/2023

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

Page: 2 of 18

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

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12VAC35-46-310. A. (3c) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3c. The decision-making plan;	NS	Newport News Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: At the time of the inspection, the provider failed to ensure Employee #1 completed decision making plan training. This regulation was cited for systemic non compliance due the provider being cited under services 14-001 and 14-003. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/29/2023 1. Provider did not have decision-making plan and incident reporting included in employee orientation. 2. The plan of action was to update the employee orientation to include the decision-making plan and incident reporting. 3. Implemented during every employee orientation. 4. Employee training has been updated to include decision-making plan and incident reporting was also in employee orientation. HR Generalist updates employee orientation schedule and HR Director is responsible for reviewing and updating policy annually to reflect required training. 5. This was implemented during the following orientation class held on 11/13/23 and will be implemented moving forward. Training and Development Policy was updated to reflect the change OLR) Accepted 12/13/2023	11/29/2023

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

Page: 3 of 18

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

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12VAC35-46-450. A. - Plumbing shall be maintained in good operational condition.	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of physical plant inspection of Unit 5, The provider failed to ensure plumbing was maintained in a good operational condition. The following deficiencies were revealed: - Hole in bathroom wall behind showerhead - Bathroom ceiling deteriorated, molded and has water damage 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 PR) 10/31/2023 Deficiency repaired 10Oct23 Deficiency repaired 9Nov23 Inadequate identification and reporting of deficiencies requiring repairs by facility staff or delayed response by Maintenance Department Roll out new, simpler process for direct care staff to report maintenance needs; communication to occur via email and departmental staff meetings; improved adherence to work order completions Monthly through departmental meetings Support Services Director Maintenance Manager This can be reviewed at each itemized violation OLR) Partially Accepted 12/20/2023 Provider must submit documentation showing how deficiencies were completed (i.e. pictures or workorder) PR) 12/27/2023 Pictures in link OLR) Accepted 12/29/2023	11/9/2023

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

Page: 4 of 18

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

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Date of Inspection: **10-10-2023**

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

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12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of the physical plant inspection of Unit 1, water temperature was 96 °F. Water temperature shall be maintained between 100 °F and 120 °F. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 A work order was created to measure all seven sources of hot water on this unit for compliance; deficient individual mixing valve(s) will be replaced. Deficient plumbing hardware of a single area A systemic plan already exists where Maintenance staff will, monthly, perform water temperature checks at random locations in each unit. This particular failure appears to be an anomaly. A fix of these anomalies is best satisfied through proper and prompt reporting through the Worxhub maintenance work order system. Re-education will be delivered through email and departmental meetings of direct care staff on a new, simpler access of submitting work orders. Monthly Support Services Director Maintenance Manager This can be reviewed at each itemized violation OLR) Partially Accepted 12/20/2023 Provider must submit documentation showing how deficiencies were completed (i.e. pictures or workorder) PR) 12/27/2023 Pictures in link OLR) Accepted 12/29/2023	11/23/2023
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: While completing a physical plant inspection of Unit 1 - 5, the provider failed to ensure that the interior and exterior of all building shall be safe, properly maintained, clean, and in good working order. The following deficiencies were revealed: Unit 1	PR) 11/27/2023 PR) 10/31/2023	12/15/2023

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

Page: 5 of 18

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 10-10-2023

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

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		• B136 - spots of paint missing on the walls • B143 - Bathroom floors and shower curtain were dirty. The provider was prompted to change the shower curtain. • B147 - appeared to be a substance on the wall. • B148 - A burnt hole was visible through the windowpane		
		Unit 2		
		• C130 - paint chipped • C133 - restroom paint is not complete • C134 – door is not painted and tape was on the ceiling covering a hole • C136 – shower is dirty • C138 – vent is rusty		
		Unit 3		
		• Common area - Spider webs hanging from the back door • Significant amount of paint missing from the walls • C118 - shower#1 – ventilation is dusty and shower curtain is dirty • C116 restroom #1 – toilet needs to be painted • C115 shower #2 - shower curtain is dirty • 109 shower #3 – ventilation is dusty	Unit wall repairs/painting underway a/o 9Nov23 Curtain changed 10Oct23 Housekeeping work order submitted for floor work	
		Unit 4		
		• Common area - Light and cord hanging from the ceiling • 115 - restroom and shower ventilation is dusty and clogged • Comfort room - needs to be painting • 120 - wall needs to be painted, light fixture in the ceiling is falling, spiderweb • 121 - wall needs to be painted	Housekeeping work order submitted Maintenance work order submitted	

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

Page: 6 of 18

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 10-10-2023

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

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		123 - Rooms need to be cleaned		
		Unit 5		
		- Common area - four electric sockets loose - Hallway - there is splattered substance on the ceiling 107 - the electrical fixture off the wall 109 - spiderwebs hanging from ceiling 110 - the walls need to be cleaned	Unit wall repairs/painting underway a/o 9Nov23	
		1. Please identifying the root cause(s) of each violation;	Unit wall repairs/painting underway a/o 9Nov23	
		2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;		
		3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist).	Unit wall repairs/painting underway a/o 9Nov23	
		4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.		
		5. Include a date of completion for each corrective action		
			Housekeeping worked order submitted	

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

Page: 7 of 18

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

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

Date of Inspection: **10-10-2023**

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

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			Maintenance work order submitted	
			Housekeeping work order submitted	
			Unit wall repairs/painting underway a/o 9Nov23	
			Vent cleaned 27Oct23; shower curtain to be replaced upon receipt of order	
			Unit wall repairs/painting underway a/o 9Nov23	
			Shower curtain to be replaced upon receipt of order	
			Vent cleaned 27Oct23	
			Maintenance work order submitted	

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

Page: 8 of 18

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

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			Vent cleaned 27Oct23	
			Unit wall repairs/painting underway a/o 9Nov23	
			Unit wall repairs/painting underway a/o 9Nov23;	
			Maintenance work order submitted for fixture;	
			Housekeeping work order submitted for webs	
			Unit wall repairs/painting underway a/o 9Nov23	
			Housekeeping work order submitted	

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

Page: 9 of 18

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

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			Repaired 10Oct23	
			Housekeeping work order submitted	
			Maintenance work order submitted	
			Housekeeping work order submitted	
			Housekeeping work order submitted	
			For Maintenance: inadequate identification and reporting of deficiencies requiring repairs by facility staff	
			For EVS: inadequate to attention-to-detail	

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

Page: 10 of 18

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

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			For Maintenance: roll out new, simpler process for direct care staff to report maintenance needs; communication to occur via email and departmental staff meetings For EVS: update and implement daily task list for staff to sign off on as completed; review/validation by EVS Supervisor Monthly Support Services Director Maintenance Manager EVS Supervisor This can be reviewed at each itemized violation	

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

Page: 11 of 18

License #: 841-14-001

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			OLR) Partially Accepted 12/20/2023 Provider must submit documentation showing how deficiencies were completed (i.e. pictures or work order) PR) 12/27/2023 Pictures in link OLR) Accepted 12/29/2023	
12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.	NS	Newport News Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: Upon review of Individual #1's records, the provider failed to show proof of the documented objectives and strategies based on the reasons for admission. This regulation was cited for systemic non compliance due the provider being cited under services 14-001 and 14-003. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 PR) 11/02/2023 1 Clinician did not meet the necessary standard 12VAC35-46-740 Director of Clinical Services to provide training each Thursday during the therapist meeting specific to identifying problem/focus areas through assessment and ensuring these issues are addressed in the Master Treatment Plans long term goals, objectives and interventions. Additionally, the training will include ensure the responsibilities of other members on the treatment team are notated in the report; and the report is upload to the resident's record. Monitoring will occur via audits, Friday of each week. Director of Clinical Services Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 12 of 18

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

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12VAC35-46-765. H. (1a) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1a. Services provided to the resident;	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, the provider failed to produce documentation for Individual #3's discharge. Individual #3 was discharged on 09/07/2023. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 Clinician did not meet the necessary standard 12VAC35-46-740 Director of Clinical Services to provide training each Thursday during the therapist meeting specific to timely submission of the discharge summary as outlined in the facility's policy and licensing standards. This will also include tracking its submission to medical records, subsequent upload to the resident's medical record and prompt deliver to the placing agency. Monitoring will occur via audits, Friday of each week. Director of Clinical Services Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 13 of 18

License #: 841-14-001

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12VAC35-46-765. H. (1b) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1b. The resident's progress toward meeting individualized service plan objectives;	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, the provider failed to produce documentation for Individual #3's discharge. Individual #3 was discharged on 09/07/2023. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 Clinician did not meet the necessary standard 12VAC35-46-740 Director of Clinical Services to provide training each Thursday during the therapist meeting specific to including the hospital course during treatment in the discharge summary. This will also include tracking its submission to medical records, subsequent upload to the resident's medical record and prompt deliver to the placing agency. Monitoring will occur via audits, Friday of each week. Director of Clinical Services Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 14 of 18

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

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12VAC35-46-765. H. (1c) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1c. The resident's continuing needs and recommendations, if any, for further services and care;	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, the provider failed to produce documentation for Individual #3's discharge. Individual #3 was discharged on 09/07/2023. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 Clinician did not meet the necessary standard 12VAC35-46-740 Director of Clinical Services to provide training each Thursday during the therapist meeting specific to including aftercare needs and recommendations in the discharge summary. This will also include tracking its submission to medical records, subsequent upload to the resident's medical record and prompt deliver to the placing agency. Monitoring will occur via audits, Friday of each week. Director of Clinical Services Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 15 of 18

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

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Date of Inspection: **10-10-2023**

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12VAC35-46-765. H. (1d) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1d. Reasons for discharge and names of persons to whom the resident was discharged;	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: At the time of the inspection, the provider failed to produce documentation for Individual #3's discharge. Individual #3 was discharged on 09/07/2023. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 Clinician did not meet the necessary standard 12VAC35-46-740 Director of Clinical Services to provide training each Thursday during the therapist meeting specific to including in the discharge summary, the discharge reason and names of individual to whom the resident is discharging. This will also include tracking its submission to medical records, subsequent upload to the resident's medical record and prompt deliver to the placing agency. Monitoring will occur via audits, Friday of each week. Director of Clinical Services Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 16 of 18

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

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12VAC35-46-765. H. (1e) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1e. Dates of admission and discharge;	NS	Newport News Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: At the time of the inspection, the provider failed to produce documentation for Individual #3's discharge. Individual #3 was discharged on 09/07/2023. This regulation was cited for systemic non compliance due the provider being cited under services 14-001 and 14-003. 1. Please identifying the root cause(s) of the violation; 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action	PR) 11/27/2023 PR) 11/01/2023 1. Clinician did not meet the necessary standard 12VAC35-46-740 2. Director of Clinical Services to provide training each Thursday during the therapist meeting specific to including the dates of admission and discharge in the discharge summary. This will also include tracking its submission to medical records, subsequent upload to the resident's medical record and prompt deliver to the placing agency. 3. Monitoring will occur via audits, Friday of each week. 4. Director of Clinical Services 5. Ongoing OLR) Accepted 12/20/2023	11/20/2023

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

Page: 17 of 18

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

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

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

Page: 18 of 18

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

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

Date of Inspection: **10-10-2023**

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>
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.				
_____ Kitisha Green		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				