

**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: **07-10-2024**

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: Upon review CHRIS entry C- 20240006; the provider's investigation includes staff admission and eyewitness statements which revealed that, Employee #1 displayed favoritism, engaged inappropriate conversations, and did not maintain therapeutic boundaries. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	PR) 07/26/2024 NNBHC will continue to review and address policy and procedure involving employee conduct and work rules as well as continue to provide ongoing training and education to staff members. In addition, NNBHC will continue to conduct investigations, monitor cameras as well as hold staff accountable for policy violations. OHR/OLR) Accepted 07/26/2024 OHR Response: OHR has received verification that the accused staff received documented verbal counseling in response to this incident.	7/26/2024

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