

**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: **09-17-2024**

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 citations		
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.	PR) 10/08/2024 1. Provide a statement of the issue that led to non-compliance and state <u>how you corrected/will correct the deficient practice in this specific violation.</u> A grievance form was originally submitted indicating that a staff member open hand hit a resident in the back of her neck, was standing over her "talking down on her" and pushed her head as staff was walking out the door. The grievance stated that this happened on 8/12/2024 at 8:35 AM. This allegation was originally submitted as a Complaint. NNHBC was told by Human Rights to submit as abuse and not a grievance. An Investigation of the incident was already in process. and the incident had been reviewed. The staff person failed provided proper Employee work conduct and work rules (aggressive behavior including but not limited to verbal or physical abuse/threats, swearing, or intimidating behavior directed toward a patient, visitor, or employee. Due to NNHBC policy, the staff was placed on administrative leave pending	10/8/2024

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		Upon review CHRIS entry A- 20240312; the provider's investigation includes staff admission and eyewitness statements which revealed that Employee#1 was verbal and physical aggressive with Individual #1. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	investigation and terminated from NNBHC on 9/12/2024. 2. Include a plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. NNBHC will continue to provide training through annual trainings, and staff meetings. The focus of the meetings and trainings will ensure that all staff are aware of the policy and Employee work conduct as well as Trauma Informed Care. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring the plan including how it will be monitored</u> (Ex: monthly audits, weekly chart reviews, daily checklist). Kimberly Sinclair, Human Resources Director will conduct monthly audits to staff charts to ensure that all staff are adequately trained. In addition, Chardon Rich, Director of Risk Management will continue to review all peer to peers, restraints, and complaints and provide feedback 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 was terminated from employment on 9/12/2024 OHR/OLR) Accepted 10/09/2024	

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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				