

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

Page: 1 of 3

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. Upon review CHRIS entry A- 20240320; the provider's investigation includes staff admission and eyewitness statements which revealed that Employee#1 did not utilize the proper therapeutic technique when addressing	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> The resident was placed in a protective hold for attacking staff. Staff had worked with the resident by allowing her and some others (to stay within ratio) to stay on the unit due to her behaviors escalating. The resident agreed to come out of her room once the majority left for school. After the majority transitioned to school, the resident still refused to come out of her room. Staff was called to the unit to try and get her out of her room after failed attempts by the staff. The resident came out of her room, and	10/8/2024

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Page: 2 of 3

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		Individual #1 escalating aggressive behavior. Employee #1 attempted to re-engage in a physical altercation with Individual #1 when other staff assisted, intervened and separated the Employee #1 and Individual #1. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	yes her and the staff were engaging in conversation (staff was sitting down at the table), the resident seemed upset and verbally aggressive towards staff, she went back into her bedroom, came out with a cup full of liquid, and threw it in the staff's face. The staff then approached her to what it seems like try and place her into a PRT but was unsuccessful. The resident eventually started striking the staff, the staff tried defending herself, but the resident pulled her by the hair and slammed her onto the floor. The resident states she the staff kicked her in the legs while she was placed in a protective hold. Human Rights and CPS notified reference # 2024090652085 2. Include a plan of action to address <u>systematic changes</u> (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. NNBHC 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. 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	

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Page: 3 of 3

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			monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Kimberly Sinclar, 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 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 submitted a resignation letter to the facility on 9/6/2024 OHR/OLR) Accepted 10/09/2024	

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