

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

Page: 1 of 4

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

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

Date of Inspection: **03-05-2025**

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: "Neglect means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A- 20250021-20250022 ; the provider's investigation includes staff admission and eyewitness statements which revealed that	PR) 04/23/2025 1. Provide a statement of the issue that led to non-compliance and state <u>how you corrected/will correct</u> the deficient practice in this specific violation. Staff did not provide adequate supervision at the time of the elopement. NNBHC has implemented protocols for outside courtyard time to include the following: 1. Staffing will be assigned at the appropriate level when unit patients are utilizing the fenced outdoor space. 2. Staff will be active, continuously	4/23/2025

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

Page: 2 of 4

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 03-05-2025

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>
		Individual #1 and Individual #2 eloped from facility while under the supervision of Employee #1. Employee #1 did not provide adequate supervision at the time of the elopement. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	rounding, and monitoring all patients while in the outdoor space. 3. Patients will be redirected by staff when they approach, sit, stand or loiter near the fence perimeter. 4. Staff members will carry walkie-talkies at all times during the outdoor sessions and monitor for activity that may compromise the integrity and function of the fence, which may include, (but not limited to), patient digging in the dirt near the perimeter of the fence, gate or door, patient climbing on fence/using fence as a foot hold, patient pulling on fence. Any such behavior will require immediate intervention and result in outdoor restriction (see #4). 5. Area Restrictions - Patients may be restricted from the outdoor area based on physician review and order to ensure patient safety. Any restrictions will be documented in the medical record. 6. Observation round sheets will follow patients to fenced outdoor area and patient rounds will be conducted per facility policy. 7. Inclement Weather: Patients and staff will be expected to wear temperature appropriate clothing	

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

Page: 3 of 4

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 03-05-2025

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>
			when in the fenced outdoor space. Use of this area will be canceled for inclement weather at the staff's discretion. 1. 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 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. 1. 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</u> the plan <u>including how it will be monitored</u> (Ex: monthly audits, weekly chart reviews, daily checklist). FRM, HRD and Program Director will monitor to ensure that NNBHC stays in compliance with the regulation. NNBHC will continue to conduct investigations, monitor cameras as well as hold	

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

Page: 4 of 4

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

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

Date of Inspection: **03-05-2025**

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>
			staff accountable for policy violations. 1. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). Ongoing OHR/OLR) Accepted 04/28/2025	

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