

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

Page: 1 of 6

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

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

Date of Inspection: **07-02-2025**

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>
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	NS	Newport News Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20250021 Date/Time of Discover: 06/07/2025 1:30PM Enter Date/Time: 06/09/2025 10:53AM Reporting Delay: 21:23:00 Location Name: Newport News Behavioral Health Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 3/24/25 and is now non-compliant.	PR) 07/21/2025 1.The date and time the incident occurred; The original incident occurred on 6/7/205 @1:30 PM 2. A brief description of the incident; The original incident occurred on 6/7/205 where the resident was in a physical altercation and punched a peer in the face. The resident complained of pain in his hand and a Xray was ordered, however the results of the Xray were not received by the facility until 6/8/2025. When the results were received on 6/8/2025 the resident was sent to the ER for further evaluation. The incident was submitted timely as he was not sent to the ER until 6/8/205 and the incident was submitted within 24 hours on 6/9/2025. 3.The action taken as a result of the incident; Residents was provided first-aid and an Xray was ordered. Resident was also placed on suspension for physical aggression 4.The name of the person who completed the report; Original incident was completed by Lead MHT and the Er visit was completed by the nurse 5.The name of the person who made the report to the placing agency and to either the parent or legal guardian; Unit nurse made report to the placing agency/guardian	7/21/2025

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

Page: 2 of 6

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

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

Date of Inspection: **07-02-2025**

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>
			6. The name of the person to whom the report was made. Legal Guardian 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. Serious incident report 202050021 was not out of compliance. The original occurred on 6/7/2025, however the resident was not taken to the ER until 6/8/2025. The serious incident report was submitted on 6/9/2025 within 24 hours. 2. Include a plan of action to address systemic change (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance with the regulation. The Director of Risk Management will continue to educate the Risk Department by reviewing policies and procedures related to compliance with web-based reporting, serious illness or injury, any death of a resident, and all other situations as listed and required in 12VAC35-46-1070 C. 1-This education was completed in person. The Director of Risk Management or designee reviews all incident reports to ensure all applicable reports are submitted timely via the web-based reporting application within 24 hours of the event/discovery of the incident. The Director of Risk Management or designee will monitor 100% of incidents to ensure that reporting is completed accurately and timely. This includes serious event reporting. Monitoring will include review of the CHRIS reports, along with incident reports. Serious incidents will be	

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

Page: 3 of 6

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 07-02-2025

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>
			reported daily in flash with the leadership team and appropriate actions taken. Serious incidents report compliance will be reported monthly in the Performance Improvement Committee, monthly in the Medical Staff meeting, and quarterly in the Governing Board meeting. Director of Risk Management or designee will be responsible 3.Include Staff, by Title, who will monitor the procedures implemented to ensure you stay in compliance the regulation. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Director of Risk Management will monitor the procedures implemented. All incidents are reviewed daily. OLR) Partially Accepted 08/06/2025 Based on the review of the incident is was determined that the individual was injured due to a peer-to-peer incident which required medical attention. This is a Level 2 incident that is reportable in CHRIS within 24 hours. For the report to be considered on time the report should have been entered no later than 6/8/25 at 1:30pm. For more information on discovery dates/times, please review the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training for new CHRIS users. Attached to the email you will find a document that contains links to the training and guidance documents for your convenience. In addition to the above, the provider needs to acknowledge understanding why this incident is not considered on time.	

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

Page: 4 of 6

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

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

Date of Inspection: **07-02-2025**

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>
			PR) 08/06/2025 The resident was not the victim in the incident he was the aggressor so there was no need to submit to Chris on 6/7 for him. The victim, however, was submitted to Chris on 6/7. The resident that went to the ER was the aggressor and was sent to the ER on 6/8 after complaining of pain from his aggression toward the other resident. Although, the actual incident occurred on 6/7, and the victim of this incident was submitted to Chris on time. The aggressor was sent to the ER on 6/8 which would make the submission into Chris timely. OLR) Accepted 08/19/2025 Thank you for your response and additional information. Based upon Serious Incident Reporting Guidance dated November 2020 that everyone involved in a peer to peer must have an individual CHRIS Report. Guidance on Incident Reporting Requirements (November 2020) "Level II serious incident" also includes a significant harm or threat to the health or safety of others caused by an individual. Peer to peer incidents that result in significant harm or threat to the health or safety of an individual by an another individual should be reported to the Office of Licensing as two separate Level II serious incidents in the CHRIS reporting system. For example, if Individual #1 punches Individual #2 and Individual #2 sustains a broken nose, this Level II serious incident should be reported into CHRIS as a Level II	

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

Page: 5 of 6

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

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

Date of Inspection: **07-02-2025**

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>
			serious incident for Individual #1 because that person caused significant harm to another individual. This incident should also be reported as a Level II serious incident for Individual #2 because that person sustained a serious injury. The provider is also required to report the incident for Individual #2 to the Office of Human Rights and investigate as required by Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services [12VAC35-115- 50] ("Human Rights Regulations"). Additionally, we are unable to excuse incidents that should have been entered when the first peer to peer incident was entered. I have uploaded a document with the links to the OL Guidance documents for your convenience.	

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

Page: 6 of 6

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

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

Date of Inspection: **07-02-2025**

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>
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.				
_____ Lakesha Steele, Incident Management Unit		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				