

**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: 08-19-2025

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 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: "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- 20250217; the provider's investigation includes eyewitness statements which revealed that Employee # 1 engage in a physical interaction with Individual #1 and did not utilize proper de-escalation techniques as outlined in policy.	PR) 09/02/2025 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. On 7/31/2025, Julian informed his psychiatrist of an incident involving himself and a staff member that had occurred on 7/29/2025. The incident was not reported by the staff involved or the other staff present at the time, and the facility did not become aware of it until Julian's disclosure to his psychiatrist on 8/1/2025. A review of facility camera footage confirmed an altercation between Julian and the staff member. The incident began as a verbal exchange during which Julian appeared visibly upset. (Residents	9/2/2025

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		Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of abuse.	had expressed frustration because the level room was closed for maintenance.) As Julian was speaking with hand gestures, the staff member swatted at his hand. Julian swatted back, after which the staff moved closer. In response, Julian pushed the staff members and continued to advance, posturing and chest-bumping. The staff member again swatted Julian's hand and then pushed him against the wall. Julian responded by swinging at the staff. At that point, the staff member appeared to attempt to place Julian in a protective hold. Both parties became entangled, fell into a chair, and engaged in a continued physical struggle. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. The staff (MHT) member involved were terminated. The additional staff (MHT) present on the unit at the time received corrective action for failing to report the incident. 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	

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			how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Director of Risk Management, Performance Improvement Manager and Director of Residential Services will monitor. Each restraint is reviewed daily or when notified a restraint has occurred. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). The corrective action was implemented on 8/4/2025. Staff received Behavioral Management training twice a year. OHR/OLR) Accepted 09/17/2025	

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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				