

**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: **10-06-2025**

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>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: See OHR citations below.		10/16/2025
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- 20250236 ; the provider's investigation includes eyewitness statements which revealed that Employee # 1 "playfully" grabbed Individual #1 around the neck at the time that Individual#1 was displaying disrespectful behaviors.	PR) 10/16/2025 1. Statement of Issue & Immediate Corrective Action The issue of non-compliance arose on October 6, 2025, when a staff member used an improper restraint technique by grabbing a patient by the back of the neck and placing him face-down, resulting in a lip injury. This action violated approved Physical Restraint Technique (PRT) protocols. Immediate Correction: The staff member was immediately removed from direct care and terminated from the facility. The incident was reviewed through camera footage, and corrective coaching was initiated prior to the termination. The patient received medical assessment and wound care, and his parent was notified. 2. Plan of Action – Systemic & Protocol Improvements To prevent recurrence and ensure ongoing compliance with restraint regulations, the following systemic changes will be implemented:	10/16/2025

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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.	Mandatory PRT Refresher Training: All direct care staff will continue to undergo refresher training on approved de-escalation and restraint procedures, emphasizing non-harmful holds every 6 months. Critical Incident Review Panel: A multidisciplinary team (Clinical, Nursing, Programming) will review all restraints within 24 hours to assess appropriateness, technique, and post-incident care. Behavioral Intervention Focus: Increased training in verbal de-escalation and crisis intervention to reduce reliance on physical restraints 3. Monitoring & Oversight – Staff Responsible & Frequency Title/Role Monitoring Responsibility Frequency & Method Program Director (PD) Final review of incident reports & staff accountability Within 24 hours of restraint and Monthly audits of restraint reports Training Coordinator Verification of staff completion of PRT retraining Monthly training compliance logs Nursing	

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			Follow-up on injury documentation & medical response	
			Weekly chart reviews & debrief forms	
			Quality Assurance (QA)	
			Trend analysis & policy adherence	
			Monthly	
			Corrective Action	
			Completion Date	
			Immediate investigation	
			Completed 10/7/2025	
			Staff removal/termination from facility	
			Completed 10/7/2025	
			Agency-wide PRT refresher training	
			October 13th, 20th, 27th and November 10th, 17th, 20th, 24th, 2025 / 7:30am & 11:30am	
			Implementation of revised incident review protocol	
			10/15/2025	
			Quarterly QA restraint trend reporting	
			Ongoing already in action	

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			OHR/OLR) Accepted 10/17/2025	

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