

**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**

<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	This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	Newport News Behavioral Health This regulation was NOT MET as evidenced by: Upon review CHRIS entry A- 20250252; the provider's investigation includes staff admission and eyewitness statements which revealed that determined that Employee #1 did accurately document the activities of Individual #1. Based on the investigative findings of the provider, there is a preponderance of evidence to support the substantiated finding.	PR) 10/16/2025 1. Statement of the Issue & How the Deficient Practice Was Corrected Upon review of CHRIS Entry A-20250252, a complaint was received from the individual's grandparents alleging neglect during isolation, specifically noting missed hygiene opportunities, inadequate meal provision, and lack of clean clothing. Corrective Action Taken: All involved staff signed an attestation acknowledging the importance of accurate documentation and reaffirming their responsibility to complete Q15 checks thoroughly and truthfully. New Q15 documentation sheets were implemented, adjusting observation intervals to every 12 minutes to promote more precise tracking of resident location, activities, and care needs. 2. Plan of Action for Systemic Changes to Ensure Ongoing Compliance	10/16/2025 00:00:00

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			To prevent recurrence and strengthen accountability in resident observation and documentation practices, the following systemic changes have been implemented: Revised Documentation Process: Updated Q15 forms with 12-minute rounding intervals allow for more accurate and timely documentation of resident status, activities, hygiene, and meal intake. Staff Accountability Measures: Staff were required to sign an attestation confirming completion of all documented rounds and care tasks. Training & Reinforcement: Refresher training on documentation integrity, resident observation during isolation, and basic care standards (meals, hygiene, clothing access) will be provided to all direct care staff. 3. Monitoring Plan – Staff Responsible & Frequency Monitoring Staff: Nurse Manager/Unit Supervisor – will conduct weekly audits of Q15 documentation and care logs. Leadership Team – will perform random staff interviews regarding observation practices. Frequency & Method: Weekly: Q15 documentation audits to ensure accuracy and completion. Monthly: QA compliance review to identify trends, provide feedback, and address any discrepancies. Immediate Follow-Up: Any documentation	

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			irregularities will result in immediate supervisory review and corrective coaching. 4. Completion Dates for Corrective Actions Staff Attestations Signed: Completed on September 24–25, 2025 Implementation of New Q15 Forms: Effective October 1, 2025 Ongoing Monitoring and Training: To continue monthly, with the first review cycle beginning October 2025 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