

**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: **04-14-2026**

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. C. (3f) - In services provided in residential and inpatient settings, each individual has the right to: 3. Live in a humane, safe, sanitary environment that gives each individual, at a minimum: 3f. Room temperatures that are comfortable year round and compatible with health requirements.	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 A20260026 the provider's investigation includes eyewitness statements which revealed that the there was a hole in the ceiling with a rag or cloth material to prevent additional cold air from entering.	PR) 05/29/2026 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. The facility was found noncompliant due to the failure to provide necessary services to ensure the health, safety, and wellness of individuals receiving care. Residents had been assigned to a specific unit to accommodate transgender individuals per their request, offering them a supportive environment distinct from the general population to promote their comfort and safety. However, noncompliance occurred when these residents were housed on a unit undergoing renovation, as this was the only unit available. To rectify this issue, maintenance promptly addressed concerns, including the repair of a hole in the wall. Subsequently, all affected	5/29/2026

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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.	residents were relocated to a unit that was not under renovation, rejoining the broader community milieu to ensure they received care in an appropriate environment. 2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. The building is currently undergoing renovation as part of our ongoing facility improvements. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Renovations will continue as planned as well as weekly AOC rounds to report any environmental concerns from residents/patients. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Persons responsible for monitoring the plan include the Director of Plant Operations as well as Administrators on Call. 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen.	

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			No corrective action was needed for this incident. The issue was addressed and repair was completed. OHR/OLR) Accepted 06/15/2026	

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