

**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: **04-15-2026**

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. 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 A20260041 the provider's investigation includes eyewitness statements which revealed that Employee # 1 did not display professionalism and policy issued de-escalation techniques when	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 utilize proper deescalation techniques in compliance with Newport News Behavioral Health Center Policy and standard. To correct the deficiency in this violation, employee received a corrective action as well as retraining. 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.	5/29/2026

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		interacting with Individual #1. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	NNBHC will continue to provide bi-annual Handle With Care and Verbal De-escalation training, as well as trauma informed care education. NNBHC will also continue to audit all restraints. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). All staff are required to attend bi-annual HWC and verbal de-escalation training as well. Anyone found in violation of the policy during audits will receive retraining as well as consequences for violation. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Director of Risk and Handle with Care trainers 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. All corrective actions have been in progress since date of non-compliance. The next scheduled HWC and Verbal De-escalation trainings will take place in August 2026. The employee in violation has already received additional training. OHR/OLR) Accepted 06/15/2026	

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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				