

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 6

License #: **841-14-003**

Organization Name: **Newport News Behavioral Health Center**

Date of Inspection: **08-19-2025**

Program Type/Facility Name: **14-003 Project Valor**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Project Valor This regulation was NOT MET as evidenced by: CHRIS Number: 20250029 Date/Time of Discover: 07/29/2025 5:04PM Enter Date/Time: 08/01/2025 10:52AM Reporting Delay: 41:48:00 Location Name: Project Valor	PR) 08/19/2025 Please see the attached. Let me know if anything else is needed Best, Chardon OLR) Partially Accepted 09/05/2025 In addition to the above, the provider response needs to include the following: 1. Please put the CAP response in the Actions To Be Taken section of the CAP Response screen in CONNECT. We cannot accept the cap response with your CAP response uploaded as a document. This functionality is reserved for submitting supporting documentation to your CAP response. Please remove any actual names if indicated in your response. Instead, use only staff by title or individual within your CAP responses. Please ensure there is no PHI the Actions to be taken section. 2. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 4. Indicate the frequency for monitoring the	8/19/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 2 of 6

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			plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 09/08/2025 CHRIS Incident Report #20250029 Incident date: 7/29/2025 (5:04 PM) Discovery date: 8/1/2025 (9:45 AM) The incident occurred on 7/29/2025 but was not reported until 8/1/2025, at which time it was submitted to CHRIS (Human Rights Licensing, and CPS). On the CHRIS Serious Incident Report form, there are designated fields for both the date/time of the incident and the date/time of discovery. Incident date/time: 7/29/2025 Discovery date/time: 8/1/2025 This incident is considered timely, as the department was notified within 24 hours of discovery. Per VDBHDS guidelines, all incident reports must be submitted within 24 hours from the date the incident is discovered. The same information was entered into the Abuse Allegation section of CHRIS (Human Rights): Abuse date: 7/29/2025 at 5:04 PM Date allegation made: 7/31/2025 (when reported to psychiatrist) Date/time reported in CHRIS: 8/1/2025 at 9:45 AM	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 3 of 6

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			12VAC35-46-1070. C. The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 7/29/2025 discovered on 8/1/2025 2. A brief description of the incident. On 7/31/2025, the Individual 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 the Individuals disclosure until 8/1/2025 when his psychiatrist reported it. A review of facility camera footage confirmed an altercation between the Individual and the staff member. The incident began as a verbal exchange during which the Individual appeared visibly upset. (Residents had expressed frustration because the level room was closed for maintenance.) As the Individual was speaking with hand gestures, the staff member swatted at his hand. the Individual swatted back, after which the staff moved closer. In response, the Individual pushed the staff member and continued to advance, posturing and chest-bumping. The staff member again swatted the Individuals hand and then pushed him against the wall. the Individual responded by swinging at the staff. At that point, the staff member appeared to attempt to place the Individual in a protective	

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Page: 4 of 6

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			hold. Both parties became entangled, fell into a chair, and engaged in a continued physical struggle. 3. The action taken as a result of the incident; Follow-up Action The staff member involved was terminated. The additional staff present on the unit at the time received corrective action for failing to report the incident. 4. The name of the person who completed the report; Director of Risk Completed the CHRIS report 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; nurse on 8/1/2025 @ 1150AM, An Incident report was also sent to the guardian from the UM department. 6. The name of the person to whom the report was made. doctor on 7/31/2025 Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. When a reportable incident occurs, the employee who discovers the incident, who is involved in the incident, and/or to whom the incident is reported to must immediately notify the unit Nurse verbally. The Risk Manager/designee identifies reportable incidents and notifies internal and external agencies, as found appropriate by each specific incident depending on the criteria and severity of the incident.	

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Page: 5 of 6

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			• Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. Director of Residential Services, and Director of Nursing, will monitor the process implemented to ensure data is received timely so that all Level II and III are reported to Risk so that risk can report to the office of licensing timely. • Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). Daily checks will occur to ensure that all incidents are turned in. • OLR) Accepted 09/19/2025Actual Names removed from providers response.	

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Page: 6 of 6

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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.				
_____ Lakesha Steele, Incident Management Unit		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				