

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

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

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

Date of Inspection: **05-07-2026**

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>
12VAC35-46-70. - 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	PHP 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	PHP 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 A20260078 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 CAP A20260078 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. A staff member failed to demonstrate appropriate professional conduct and did not utilize approved de-escalation techniques in accordance with facility policy when interacting with a patient. During the incident, the patient was climbing onto the nurse's station counter. The staff	5/29/2026

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		interacting with Individual #1. Employee #1 pulled Individual #1 off the nurse's station. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding.	member responded by physically intervening and pulling the patient off the counter, rather than employing verbal de-escalation or less restrictive interventions. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any training needed 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 facility will continue utilizing the current Handle with Care policy and procedures to ensure safe and appropriate crisis intervention practices are consistently followed by all staff. Leadership will reinforce expectations regarding proper protocol, de-escalation techniques, patient supervision, and approved intervention methods. To address systemic improvement opportunities and reduce the likelihood of future violations, the facility will implement the following actions: Conduct refresher training and retraining for all direct care staff on Handle with Care procedures, crisis intervention expectations, patient observation requirements, and appropriate staff response protocols. Review current policies, procedures, and related documentation forms to ensure they remain current, effective, and aligned with facility expectations and regulatory standards. Increase supervisory oversight through leadership rounds, staff coaching, and direct observation of staff performance to ensure compliance with established protocols. Utilize incident debriefings and team huddles to	

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			identify opportunities for improvement, reinforce expectations, and provide ongoing education to staff. Monitor staff compliance through audits, documentation reviews, and supervisory follow-up to ensure corrective measures are effective. Provide progressive corrective action when staff fail to follow policy, including additional training, written corrective action, suspension, or termination when warranted based on the severity or repeated nature of the violation. The facility remains committed to maintaining a safe environment for residents and ensuring staff are properly trained, supported, and held accountable for adhering to all established policies and procedures. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). All incidents are reviewed daily by the Risk Management Department to ensure timely identification of safety concerns, policy compliance, trends, and opportunities for corrective action. This daily review process includes evaluation of incident details, staff response, supervision levels, documentation accuracy, resident safety measures, and adherence to facility protocols. Include the position of the person responsible for	

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			monitoring the plan of action. Do not include staff/employee names. Acute Nurse Manager and Program Mangers 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. October 2026 all staff will have received a semi-annual Handle with Care class to include verbal-escalation. OHR/OLR) Accepted 06/16/2026	

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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				