

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

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License #: 959-04-005

Organization Name: CJW Medical Center

Date of Inspection: 04-02-2026

Program Type/Facility Name: 04-005 Child/Ado Inpatient Psy

<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	Child/Ado Inpatient Psy This regulation was NOT MET as evidenced by: See OHR citation.		
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	Child/Ado Inpatient Psy This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A-20250034, the provider's investigation included witness statements, staff admissions, and a review of policy which revealed: - Medication #1 was prescribed to be taken every 6 hours as needed. - On 12/29/2025, Individual #1 was administered a dosage of Medication #1 at 8:11 am. - On 12/29/2025, Employee #1 administered an additional dosage of Medication #1 at 8:45 am. - Employee #1 failed to confirm the previous dose prior to administering Medication #1 to Individual #1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 04/17/2026 Upon completion of the provider's investigation, it was determined that the issue leading to non-compliance was an isolated human error attributed to rushing/competing priorities. While dispensing Individual #1's morning medication, Employee #1 overlooked the previous medication administration as documented by another employee. The issue was reported timely by Employee #1 and was promptly addressed by the Unit Director. The individual was closely monitored and did not experience any adverse reactions or side effects and did not require any intervention. Verbal counseling was provided to Employee #1 by the Unit Director regarding medication administration protocols, including the five rights of medication administration (right patient, right medication, right dose, right route, and right time). While this was identified as an isolated human error rather than a systemic issue, CJW Medical Center remains committed to patient safety and continuous quality improvement. Staff are encouraged to report errors and safety events without fear of punishment, promoting a culture	05/29/2026 00:00:00

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Program Type/Facility Name: **04-005 Child/Ado Inpatient Psy**

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			of patient safety. To mitigate the risk of recurrence, ongoing education on medication safety was provided to Employee #1 by the Unit Director. The provider's policy regarding medication administration was provided to and reviewed with Employee #1. Employee #1 verbalized understanding of the policy/process and the need to verify all medication orders for accuracy prior to medication administration. Additionally, Employee #1 verbalized understanding of the need to review the electronic medication administration record to validate appropriate timing of PRN/as-needed medications prior to administration to prevent duplicate dose administration. To ensure the provider remains in compliance with the regulation, weekly audits of medication administration practices are being completed by the Unit Director and Unit Manager. Responsibility for ensuring adherence to medication administration policies/practices lies with Unit Managers, Unit Directors, and Administrative Director of Nursing. OHR/OLR) Accepted 04/23/2026	

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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.				
_____ Andrea Milhouse, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				