



## Abuse Allegation Report Cumberland Hospital, LLC

Abuse #: [REDACTED] Alleged Abuse Date: 9/19/2015 Medicaid Number: [REDACTED]  
Individual Name: [REDACTED] Individual ID #: [REDACTED] SSN: [REDACTED]  
Gender: [REDACTED] Race: [REDACTED] DOB: [REDACTED]  
Waiver Type: [REDACTED] Is Individual receiving a Waiver here? No  
Case Management CSB: [REDACTED]  
Service Type: ID Group Home  
Location: 3627 Carolina Avenue Richmond, VA 23222  
Specific Site: backyard  
Substitute Decision Maker: [REDACTED]  
Relation: [REDACTED]

	Physical	Sexual	Verbal	Neglect	Neglect Peer to Peer	Exploitation	Seclusion/ Restraint	Other
Abuse Alleged:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type of Restraint:

Description: Resident exited the back yard while in care and was out of site for more than 30 minutes but less than one hour.

Prior to May 2010, see Did Abuse Occur? No

Consumer Address: 9407 Cumberland Road New Kent, VA 23124

Consumer Phone #: [REDACTED]

### Injuries

Individual Injured?: No

Type of Injury: ☐ Bruises ☐ Fractures ☐ Lacerations ☐ Burns ☐ Death ☐ Other

Medical Attention Provided? No Medical Attention Type: No

Description of Medical Treatment Provided & Finding:

Report Date: 1/23/2020 2:56:56 PM

Report ID: ABS-01

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## Abuse Allegation Report Cumberland Hospital, LLC

### Reporting:

Date Allegation Made: 9/19/2015

Who Made Allegation: Valerie Wells-Bryant

Reported to Whom: LaKeisha D Cotman

Who Reported to Director: Heather Rose

Title: Residential Specialist

Title: house manager

Date Reported: 9/19/2015 6:10:00 PM

### Investigation:

Investigation Begin Date: 9/19/2015 7:00:00 PM

Date Investigation Final Report: 9/24/2015

Investigator Name: lakeisha cotman

Rationale: • Failure To Follow Policy

Decision Date: 9/24/2015

Other Rationale:

Reason for Corrective Action: • Performance Issue - Substantiated

Corrective Action Taken: • Reinforce policy and procedure  
• Train individual staff

### Notification of Findings and Right to Appeal Dates:

Individual: 9/24/2015 12:00:00 AM

Substitute Decision Maker: 9/24/2015 12:00:00 AM

Advocate: 4/14/2016 12:00:00 AM

Responsible Advocate: Carrie Flowers

### Case Status:

Case Status: Closed

Date Case Closed: 7/10/2017 12:00:00 AM

Report Closed By: Samantha Fogt

Point of Resolution: Director

Resolution: Disagrees with directors decision or action plan - declines appeal

### Notification Dates and Times:

Director: 9/19/2015 6:10:00 PM

Licensing:

Advocate: 9/24/2015 11:40:00 AM

Sub. Dec. Maker: 9/19/2015 7:00:00 PM

DMAS:

Other: If other, who:

### Department of Social Services

DSS Person:

Date Time Notified:

Report Date: 1/23/2020 2:56:56 PM

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Abuse Allegation Report  
Cumberland Hospital, LLC

Method of Notification:

DSS Findings:

Polices

Suspected Criminal Activity: No

Local Police Notification:

Date: 9/19/2015 12:00:00 AM

Name:

Dept: Richmond Police

State Police Notification:

Date:

Person:

Dept:

Abused Accused

Name:

Position: Resident Counselor

State Employee ID:

Date of Birth: 12:00:00 AM

Actions Taken:

☐ Terminated

☐ Resigned

☒ Written Counseling

☐ Refer to Judicial System

☐ Transferred

☐ Remedial

☐ Monitor

☐ Not DBHDS Employee

☐ Suspended

☐ Verbal Counseling

☐ No Action

☐ Other

Action Remark:

• is relatively new. Staff will trained and a safety plan will be developed and implemented.

• will be trained and expected to follow safety plan developed.

Witness

Witness Name: Unknown

Abuse AAR

Advocate Report Date: 7/10/2017

Remarks:	Description:
• No additional comments.	Ok to close case

Report Date: 1/23/2020 2:56:56 PM

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**Abuse Allegation Report**  
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Abuse Allegation Report  
Cumberland Hospital, LLC

Abuse #: [REDACTED] Alleged Abuse Date: 10/6/2016 Medicaid Number: [REDACTED]  
Individual Name: [REDACTED] Individual ID #: [REDACTED] SSN: [REDACTED]  
Gender: [REDACTED] Race: [REDACTED] DOB: [REDACTED]  
Waiver Type: [REDACTED] Is Individual receiving a Waiver here? No  
Case Management CSB: [REDACTED]  
Service Type: MH Level C Children Residential Tx  
Location: 9407 Cumberland Road New Kent, VA 23124  
Specific Site: cafeteria  
Substitute Decision Maker: [REDACTED]  
Relation: Parents

	Physical	Sexual	Verbal	Neglect	Neglect Peer to Peer	Exploitation	Seclusion/ Restraint	Other
Abuse Alleged:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Restraint:

Description: During medication administration, resident [REDACTED] grabbed a bottle of [REDACTED] pills and appeared to ingest pills from the bottle. The RN was at the same table as [REDACTED] was at when this occurred. [REDACTED] then stated while laughing, "I swallowed the pills."

Prior to May 2010, see Did Abuse Occur? No

Consumer Address: 9407 Cumberland Road New Kent, VA 23124

Consumer Phone #: [REDACTED]

Injuries

Individual Injured?: No

Type of Injury: ☐ Bruises ☐ Fractures ☐ Lacerations ☐ Burns ☐ Death ☐ Other

Medical Attention Provided? Yes Medical Attention Type: Yes

Description of Medical Treatment Provided & Finding:

911 was called and Poison Control was consulted. RN's monitored [REDACTED] vital signs continuously until EMT arrived. Vital signs remained within normal limits and [REDACTED] was alert and oriented throughout. Once EMT arrived, [REDACTED] was transported to VCU Pediatric ED. Per EMT report, [REDACTED] remained alert and oriented throughout the transport. An IV was placed but not used. Once in the ED, blood was collected and three EKG's were done; one upon arrival, one three hours post arrival and one just before discharge. All EKG's showed normal heart rhythm and no abnormalities and were consistent. MD stated toxicology report showed that Haldol was in [REDACTED] system but that because it was a standing medication, that was normal. No other ingested chemicals noted. MD stated that based on the clinical presentation of [REDACTED] (alert, oriented, not lethargic) it was unlikely that [REDACTED] ingested additional medication. [REDACTED] was cleared medically and was admitted for an acute psychiatric hospitalization.



## Abuse Allegation Report Cumberland Hospital, LLC

### Reporting:

Date Allegation Made: 10/6/2016

Who Made Allegation: Rita Belle

Reported to Whom: Neil Sonenklar

Who Reported to Director: Heather Rose

Title: RN

Title: Psychiatrist

Date Reported: 10/6/2016 3:10:00 PM

### Investigation:

Investigation Begin Date: 10/6/2016 4:00:00 PM

Date Investigation Final Report:: 10/10/2016

Investigator Name: Sandy Brudvig

Rationale: • Staff Admissions

• Failure To Follow Policy

Decision Date: 10/10/2016

Other Rationale:

Reason for Corrective Action: • Performance Issue - Substantiated

Corrective Action Taken: • Reinforce policy and procedure

• Train individual staff

• Appropriate staff action taken

### Notification of Findings and Right to Appeal Dates:

Individual: 10/13/2016  
12:00:00 AM

Substitute Decision Maker: 10/13/2016  
12:00:00 AM

Advocate: 10/13/2016 12:00:00 AM

Responsible Advocate: Carrie Flowers

### Case Status:

Case Status: Closed

Date Case Closed: 7/10/2017 12:00:00 AM

Report Closed By: Samantha Fogt

Point of Resolution: Director

Resolution: Agrees with directors decision or action plan

Report Date: 1/23/2020 3:40:02 PM

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Abuse Allegation Report  
Cumberland Hospital, LLC

**Notification Dates and Times:**

Director: 10/6/2016 3:10:00 PM

Licensing:

Advocate: 10/13/2016 11:08:00 AM

Sub. Dec. Maker: 10/6/2016 3:31:00 PM

DMAS:

Other: 10/6/2016 3:10:00 PM If other, who: New Kent EMT for transport

**Department of Social Services**

DSS Person:

Date Time Notified:

Method of Notification:

DSS Findings:

**Polices**

Suspected Criminal Activity: No

Local Police Notification:

Date: 10/6/2016 12:00:00 AM

Name: AJ Wright

Dept: New Kent

State Police Notification:

Date:

Person:

Dept:

**Abused Accused**

Name: [REDACTED]

Position: Nurse

State Employee ID:

Date of Birth: 12:00:00 AM

**Actions Taken:**

☐ Terminated

☐ Resigned

☒ Written Counseling

☐ Refer to Judicial System

☐ Transferred

☒ Remedial

☐ Monitor

☐ Not DBHDS Employee

☐ Suspended

☐ Verbal Counseling

☐ No Action

☐ Other

**Action Remark:**

- [REDACTED] received written counseling and reeducation regarding following procedure for medication administration. Board of Nursing notified.

**Abuse AAR**

Advocate Report Date: 7/10/2017

Remarks:	Description:
• Reviewed report. Okay to close.	Ok to close case

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## Abuse Allegation Report Cumberland Hospital, LLC

Abuse #: [REDACTED] Alleged Abuse Date: 8/14/2018 Medicaid Number: [REDACTED]  
Individual Name: [REDACTED] Individual ID #: [REDACTED] SSN: [REDACTED]  
Gender: [REDACTED] Race: [REDACTED] DOB: [REDACTED]  
Waiver Type: [REDACTED] Is Individual receiving a Waiver here? No  
Case Management CSB:  
Service Type: MH Level C Children Residential Tx  
Location: 9407 Cumberland Road New Kent, VA 23124  
Specific Site: group room  
Substitute Decision Maker: [REDACTED]  
Relation: Legal Guardian/Attorney in Fact

	Physical	Sexual	Verbal	Neglect	Neglect Peer to Peer	Exploitation	Seclusion/ Restraint	Other
Abuse Alleged:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Type of Restraint:

Description: [REDACTED] was pushed, pulled, and put in a headlock by a peer.

Prior to May 2010, see Did Abuse Occur? No

Consumer Address: 9407 Cumberland Road New Kent, VA 23124

Consumer Phone #: [REDACTED]

### Injuries

Individual Injured?: No

Type of Injury: ☐ Bruises ☐ Fractures ☐ Lacerations ☐ Burns ☐ Death ☐ Other

Medical Attention Provided? Yes Medical Attention Type: No

Description of Medical Treatment Provided & Finding:

RN on duty checked on [REDACTED] and noted no injury, bruising, or redness.

Report Date: 1/23/2020 3:06:44 PM

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## Abuse Allegation Report Cumberland Hospital, LLC

### Reporting:

Date Allegation Made: 8/15/2018

Who Made Allegation: Bertannia Muse

Reported to Whom: Heather Rose

Who Reported to Director: Heather Rose

Title: Group facilitator

Title: Program Coordinator

Date Reported: 8/15/2018 10:30:00 AM

### Investigation:

Investigation Begin Date: 8/15/2018 10:45:00 AM

Date Investigation Final Report: 8/16/2018

Investigator Name: Heather Rose

Rationale: • Failure To Follow Policy  
• Other

Decision Date: 8/16/2018

Other Rationale: Camera Review conducted: witnessed [redacted] and peer [redacted] in the group room with staff member, [redacted] physically pushed, pulled, and put [redacted] in a headlock. [redacted] was present and did not intervene. [redacted] watched [redacted] become aggressive and did not call for assistance to stop the peer-to-peer incident. The incident began at 2032 and ended at 2037 when another staff member entered the area.

Reason for Corrective Action: • Inappropriate Behavior/ Verbal Exchange w/individuals

Corrective Action Taken: • Appropriate staff action taken

### Notification of Findings and Right to Appeal Dates:

Individual: 8/16/2018 12:00:00 AM

Substitute Decision Maker: 8/16/2018 12:00:00 AM

Advocate: 8/16/2018 12:00:00 AM

Responsible Advocate: Samantha Fogt

### Case Status:

Case Status: Closed

Date Case Closed: 9/27/2018 12:00:00 AM

Report Closed By: Samantha Fogt

Point of Resolution: Director

Resolution: Agrees with directors decision or action plan

Report Date: 1/23/2020 3:06:44 PM

Report ID: ABS-01

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Abuse Allegation Report  
Cumberland Hospital, LLC

**Notification Dates and Times:**

Director: 8/15/2018 10:30:00 AM

Licensing:

Advocate: 8/16/2018 12:43:00 PM

Sub. Dec. Maker: 8/16/2018 9:20:00 AM

DMAS:

Other: If other, who:

**Department of Social Services**

DSS Person:

Date Time Notified:

Method of Notification:

DSS Findings:

**Polices**

Suspected Criminal Activity: No

Local Police Notification:

Date:

Name:

Dept:

State Police Notification:

Date:

Person:

Dept:

**Abused Accused**

Name: [REDACTED]

Position: Human Service Care Staff Member

State Employee ID:

Date of Birth: 12:00:00 AM

**Actions Taken:**

☐ Terminated

☒ Resigned

☐ Written Counseling

☐ Refer to Judicial System

☐ Transferred

☐ Remedial

☐ Monitor

☐ Not DBHDS Employee

☐ Suspended

☐ Verbal Counseling

☐ No Action

☐ Other

**Action Remark:**

[REDACTED] was interviewed about this incident by Heather Rose, Program Coordinator, on 8/16/18. [REDACTED] resigned, effective immediately on 8/16/18, without further communication.

**Abuse AAR**

Advocate Report Date: 8/22/2018

Remarks:	Description:
• Reviewed allegation and Investigation report. Please forward the evidence of corrective action taken regarding this incident of substantiated neglect. SLF	Monitored investigation
• The documentation of the staff's resignation was verified. No additional comments. SLF	Ok to close case

Report Date: 1/23/2020 3:06:44 PM

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Abuse Allegation Report  
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## Abuse Allegation Report Cumberland Hospital, LLC

Abuse #: [REDACTED] Alleged Abuse Date: 7/16/2019 Medicaid Number: [REDACTED]  
Individual Name: [REDACTED] Individual ID #: [REDACTED] SSN: [REDACTED]  
Gender: [REDACTED] Race: [REDACTED] DOB: [REDACTED]  
Waiver Type: [REDACTED] Is Individual receiving a Waiver here? No  
Case Management CSB: [REDACTED]  
Service Type: MH Children Residential  
Location: 9407 Cumberland Rd. New Kent, VA 23124  
Specific Site: dayroom  
Substitute Decision Maker: [REDACTED]  
Relation: Legal Guardian/Attorney in Fact

	Physical	Sexual	Verbal	Neglect	Neglect Peer to Peer	Exploitation	Seclusion/ Restraint	Other
Abuse Alleged:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse Occurred:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Type of Restraint:

Description: On July 16, [REDACTED] reported being in dayroom on the living unit while [REDACTED] was speaking to direct care staffperson at nursing station. No other staff or youth were present. [REDACTED] approached the two, requesting to use the bathroom and stated [REDACTED] stated that they were meeting and [REDACTED] needed to wait. [REDACTED] stated [REDACTED] waited several minutes and reported then taking a cup from the trash can to use to urinate into.

Prior to May 2010, see Did Abuse Occur? No

Consumer Address: 9407 Cumberland Road New Kent, VA 23124

Consumer Phone #: [REDACTED]

### Injuries

Individual Injured?: No

Type of Injury: ☐ Bruises ☐ Fractures ☐ Lacerations ☐ Burns ☐ Death ☐ Other

Medical Attention Provided? No

Medical Attention Type: No

Description of Medical Treatment Provided & Finding:

Report Date: 1/23/2020 3:41:34 PM

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## Abuse Allegation Report Cumberland Hospital, LLC

### Reporting:

Date Allegation Made: 8/12/2019

Who Made Allegation:

Reported to Whom: Michael S Ito

Who Reported to Director: Michael S Ito

Title: Behavior Technician

Title: Director of Clinical Serv

Date Reported: 8/22/2019 10:30:00 AM

### Investigation:

Investigation Begin Date: 7/16/2019 10:30:00 AM

Date Investigation Final Report:: 8/19/2019

Investigator Name: Michael S Ito

Rationale: • Eyewitness Statements  
• Staff Admissions  
• Failure To Follow Policy

Decision Date: 8/19/2019

Other Rationale: Review video footage, received written statements from patient and from staff member present. interview with patient, staff and [REDACTED] all verified patient requesting use of bathroom and [REDACTED] refusing request

Reason for Corrective Action: • Performance Issue - Substantiated

Corrective Action Taken: • Reinforce policy and procedure  
• Train all staff  
• Appropriate staff action taken

### Notification of Findings and Right to Appeal Dates:

Individual: 8/19/2019 12:00:00 AM

Substitute Decision Maker: 8/19/2019 12:00:00 AM

Advocate: 8/19/2019 12:00:00 AM

Responsible Advocate: Tammy Long

### Case Status:

Case Status: Closed

Date Case Closed: 10/10/2019 12:00:00 AM

Report Closed By: Tammy Long

Point of Resolution: Director

Resolution: Agrees with directors decision or action plan

### Notification Dates and Times:

Director: 8/22/2019 10:30:00 AM

Licensing:

Advocate: 8/23/2019 12:02:00 PM

Sub. Dec. Maker:

DMAS:

Report Date: 1/23/2020 3:41:34 PM

Report ID: ABS-01

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## Abuse Allegation Report Cumberland Hospital, LLC

Other: If other, who:

### Department of Social Services

DSS Person: Alice

Date Time Notified: 8/23/2019 12:02:00 PM

Method of Notification: Phone

DSS Findings:

### Polices

Suspected Criminal Activity: No

Local Police Notification:

Date:

Name:

Dept:

State Police Notification:

Date:

Person:

Dept:

### Abused Accused

Name:

Position: Program Manager

State Employee ID:

Date of Birth: 12:00:00 AM

### Actions Taken:

☒ Terminated

☐ Resigned

☐ Written Counseling

☐ Refer to Judicial System

☐ Transferred

☐ Remedial

☐ Monitor

☐ Not DBHDS Employee

☐ Suspended

☐ Verbal Counseling

☐ No Action

☐ Other

Action Remark:

- This individual was terminated on 8/23/19

### Abuse AAR

Advocate Report Date: 8/22/2019

Remarks:	Description:
• Received a phone call from Dr. Ito stating that the internal advocate is under investigation for possible neglect. An internal investigation has begin open up on this allegation. TLL	Consulted with provider
• Received a phone call from Dr. Ito and assisted him in entering the neglect allegation into CHRIS. AIM 24 ask about the safety of the individuals involved and Dr. Ito stated that the staff member has been terminated. Dr. Ito also stated that the terminated staff has contacted the media. Not sure what is begin reported yet. TLL	Consulted with provider
• F/U due 9/5/19. TLL	Monitored investigation
• Dr. Ito please complete the investigate tab. TLL	Memo to provider
• Assisted Dr. Ito with entering the investigation findings. TLL	Consulted with provider
• Reviewed the internal investigation no further information requested. OK to close. TLL	Notified client of investigation findings
• Citation sent to Nicole. TLL	Referral to the Office of Licensing

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