

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

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License #: 033-04-005

Organization Name: Inova Health Care Services

Date of Inspection: 10-20-2021

Program Type/Facility Name: 04-005

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - Human rights law and regulations	N	Human Rights Regulations: 12VAC35-115-50(B)(2)Dignity Which states: B. In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. This regulation was NOT MET as evidenced by: • By a preponderance of the evidence, the provider substantiated the allegation of neglect in the provider's CHRIS report #A20210025, based on the following evidence: camera footage, eyewitness statements, witness credibility and the failure to follow policy. • Per provider's CHRIS report #A20210025, Individual #1 self-harmed by placing Individual #1's shirt around their neck. Provider implemented 1:1 observation and completed a room search and removed any items that belonged to Individual #1 that they could use to self-harm. • Per provider's CHRIS report #A20210025, while Individual #1 was on 1:1 observation, Individual #1 was able to access a towel that belonged to Individual #1's roommate and wrapped around Individual #1's neck in an attempt to self-harm. • Per provider's CHRIS report #A20210025, provider staff failed to ensure there were no additional items in the room that Individual #1 could use to self-harm. Employee #1 also failed to maintain the required proximity to Individual #1 in	PR) 01/01/1900 A1. Provider response: The Clinical Director for Adolescent Psychiatric unit or designee will ensure that all RNs and MHTs are educated regarding the removal of dangerous items that could be used for self-harm from the vicinity of suicidal patients and will ensure that patients determined to be at increased risk for harm are monitored and placed on 1:1 constant observation per the following policies: • IHS Policy: Safety Monitoring of Behavioral Health Patients Guidelines. • IHS Policy: Suicide Risk Screening and Assessment of Behavioral Health Patients. RNs and MHTs that are on extended leave such as FMLA, Vacation or PRN status will be educated on or prior to their first returning shift. A2. Provider response: The Director or designee will review the following Inova Hospital System (IHS) Policies with all available nursing staff (RNs and MHTs): • IHS Policy: Safety Monitoring of Behavioral Health Patients Guidelines. • IHS Policy: Suicide Risk Screening and Assessment of Behavioral Health Patients. Paying special attention to areas concerning guidelines for 1:1 constant observation and room search to remove dangerous items that could be used for self-harm from the vicinity. Directly after the event, the RN Unit Supervisor for the Adolescent Psychiatric Unit ensured that individual #1 was placed in a single room and all dangerous items that could be used for self-harm were removed from vicinity of individual #1. (Completed 10/4/2021). A3. Provider response: The Clinical Director of the	12/27/2021

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		order to ensure Individual #1's safety.	Adolescent Psychiatric Unit or designee will ensure that all RNs and MHTs are educated on the following; • The need to remove dangerous items that could be used for self-harm from the vicinity of the patient and documentation of the same. • Maintenance of required proximity to patients placed on 1:1 observation. RNs and MHTs that are on extended leave such as FMLA, Vacation or PRN status will be educated on or prior to their first returning shift. Provider response: The Clinical Director for the Adolescent Psychiatric unit met with employee #1 to review IHS Policy: Safety Monitoring of Behavioral Health Patients Guidelines. The contents of said training were submitted to the Human Rights Advocate on 10/15/2021 as requested. (Completed 10/15/2021). Provider response: The Clinical Director of the Adolescent Psychiatric unit will modify the Daily Chart Audit tool to include guidance that a review of all records of patients that have been placed on 1:1 for suicide precautions will be audited for compliance with IHS Policy: Suicide Risk Screening and Assessment of Behavioral Health Patients Page 3-4 B, 3. OLR) Accepted 11/03/2021 OHR Accepted 11/3/2021	

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General Comments / Recommendations: Inspection ID: 313 Location: INOVA Fairfax Hospital Please respond with acceptable corrective action to jennifer.anglin@dbhds.virginia.gov and tonya.carr@dbhds.virginia.gov by 11/12/2021.				
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.				
Tonya Carr, Legal Operations Manager		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				