

**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: 02-20-2025

Program Type/Facility Name: 04-005 Inova Fairfax Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-410. A. (3) - Each employee or contractor shall have a written job description that includes: 3. Job title of the immediate supervisor;	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider submitted a job description that failed to include the job title of the immediate supervisor for Employee #2 and Employee #3.	PR) 04/02/2025 1. At the time of inspection, the provider submitted a job description that failed to include the job title of the immediate supervisor for Employee #2 and Employee #3. - The job descriptions utilized in the system, do not have a standard template/area for the immediate supervisor as this information is maintained in another internal platform of the organization. - The Behavioral Health Service Line is in the process of updating job descriptions for DBHDS licensed services. This projected deadline for the updates is 05/15/2025. All applicable team members will review and sign their updated job descriptions by 06/30/2025. - Moving forward, the applicable department leaders will review job descriptions at least annually to ensure they include the immediate supervisor. OLR) Accepted 04/17/2025	6/30/2025
12VAC35-105-520. A. - The provider shall designate a person responsible for the risk management function who has completed department approved training which shall include training related to risk management, understanding of individual risk	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider submitted a risk attestation form that indicated that the person responsible for the risk management function completed department approved training to include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis and use of data to identify risk patterns and trends. However, the	PR) 04/02/2025 1. At the time of inspection, the provider submitted a risk attestation form that indicated that the person responsible for the risk management function completed department approved training to include training related to risk management, understanding of individual risk screening, conducting investigations, root cause analysis and use of data to identify risk patterns and trends. However, the provider did not submit a job description	5/15/2025

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Program Type/Facility Name: 04-005 Inova Fairfax Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
screening, conducting investigations, root cause analysis, and the use of data to identify risk patterns and trends.		provider did not submit a job description specifying the duties required for the role of risk management.	specifying the duties required for the role of risk management. • The risk manager duty requirement was included on the job description but the duties were not specifically specified in a list or detailed format. • The Behavioral Health Service Line is in the process of developing a risk manager job description addendum. This projected deadline for the updates is 04/15/2025. All applicable team members will review and sign their updated job description addendum by 05/15/2025. • Moving forward, the supervisor of each risk manager, will review the job description and addendum to ensure that the duties for the risk manager are included at least annually or when there is a new risk manager in licensed services. OLR) Partially Accepted 04/17/2025LS is requesting the provider submit the assigned RM job description as a response by projected date indicated in the providers CAP response. Please responding acknowledging this request to submit RM job description to LS on 05/15/2025. PR) 04/30/2025 Request to submit the RM Job Descriptions by 5/15/2025 is acknowledged. OLR) Accepted 05/01/2025	
12VAC35-105-520. B. - The provider shall implement a written	N	Inova Fairfax Hospital	PR) 04/02/2025 1. At the time of inspection, the provider submitted documentation indicating the	4/30/2025

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Program Type/Facility Name: 04-005 Inova Fairfax Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss, and other sources of potential liability.		This regulation was NOT MET as evidenced by: At the time of inspection, the provider submitted documentation indicating the implementation of a risk management plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss and other sources of potential liability. However, the risk management plan did not specify the measures that will be implemented to identify, monitor, reduce and minimize harms and risk of harms to include, personal injury, infectious disease, property damage or loss and other sources of potential liability.	implementation of a risk management plan to identify, monitor, reduce, and minimize harms and risk of harm, including personal injury, infectious disease, property damage or loss and other sources of potential liability. However, the risk management plan did not specify the measures that will be implemented to identify, monitor, reduce and minimize harms and risk of harms to include, personal injury, infectious disease, property damage or loss and other sources of potential liability. i. The organizational risk management plan does not include all the required DBHDS elements. The elements are included in the Behavioral Health Risk Management Policy but there was not a behavioral health specific risk management plan. ii. The Behavioral Health Service Line will be using the DBHDS Risk Management Plan sample to develop an updated plan addendum for DBHDS licensed services. The plan will be completed by 4/30/2025. iii. Moving forward, the risk manager or designee will review the Risk Management Plan addendum annually to ensure that it includes all regulatory required areas. OLR) Partially Accepted 04/17/2025LS is requesting the provider submit the providers updated Risk Management Plan to LS by projected dated indicated in the providers plan of action on 04/30/2025. Please respond acknowledging LS requests.	

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Program Type/Facility Name: 04-005 Inova Fairfax Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 04/30/2025 Risk Management Plan Uploaded OLR) Accepted 05/01/2025	
12VAC35-105-520. C. (1) - The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 1. The environment of care;	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider discussed risk that were assessed throughout the year to include, environment of care. In addition, the provider submitted evidence of an annual systemic risk assessment that suggested that risk in relation to the environment of care was assessed annually. However, risk documents revealed that the provider failed to conduct a systemic risk assessment that detailed all factors assessed in relation to environment of care for the service. The providers systemic assessment failed to identify and respond to practices, situation, and policies that could result in the risk of harm to individuals receiving services, to include environment of care.	PR) 04/02/2025 1. The organization was completing the risk assessment based off findings for each area of the assessment instead or assessing possible/potential risks. 2. The Behavioral Health Service Line will be using the DBHDS Systemic Assessment sample to develop an updated systemic risk assessment template for DBHDS licensed services that will include all of the regulatory required areas of assessment. The plan will be completed by 4/15/2025. Team Members who complete the systemic risk assessment will receive training on the new assessment completion by 5/15/2025. The new assessment will be completed on all units by 06/30/2025. 3. Moving forward, the risk manager or designee will review the Systemic Risk Assessment of each licensed service to ensure that it includes all regulatory required areas and addresses possible/potential risks relative to the service. OLR) Accepted 04/17/2025	6/30/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-520. C. (2) - The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 2. Clinical assessment or reassessment processes;	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider discussed risk that were assessed throughout the year to include, environment of care. In addition, the provider submitted evidence of an annual systemic risk assessment that suggested that risk in relation to clinical assessment or reassessment processes was assessed annually. However, risk documents revealed that the provider failed to conduct a systemic risk assessment that detailed all factors assessed in relation to clinical assessment or reassessment processes for the service. The providers systemic assessment failed to identify and respond to practices, situation, and policies that could result in the risk of harm to individuals receiving services, to include clinical assessment or reassessment processes.	PR) 04/02/2025 1. The organization was completing the risk assessment based off findings for each area of the assessment instead of assessing possible/potential risks. 2. The Behavioral Health Service Line will be using the DBHDS Systemic Assessment sample to develop an updated systemic risk assessment template for DBHDS licensed services that will include all of the regulatory required areas of assessment. The plan will be completed by 4/15/2025. Team Members who complete the systemic risk assessment will receive training on the new assessment completion by 5/15/2025. The new assessment will be completed on all units by 06/30/2025. 3. Moving forward, the risk manager or designee will review the Systemic Risk Assessment of each licensed service to ensure that it includes all regulatory required areas and addresses possible/potential risks relative to the service. OLR) Accepted 04/17/2025	6/30/2025

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Program Type/Facility Name: 04-005 Inova Fairfax Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-520. C. (4) - The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 4. Use of high risk procedures, including seclusion and restraint;	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider discussed risk that were assessed throughout the year to include, environment of care. In addition, the provider submitted evidence of an annual systemic risk assessment that suggested that risk in relation to seclusion and restraint was assessed annually. However, risk documents revealed that the provider failed to conduct a systemic risk assessment that detailed all factors assessed in relation to seclusion and restraint for the service. The providers systemic assessment failed to identify and respond to practices, situation, and policies that could result in the risk of harm to individuals receiving services, to include seclusion and restraint.	PR) 04/02/2025 1. The organization was completing the risk assessment based off findings for each area of the assessment instead or assessing possible/potential risks. 2. The Behavioral Health Service Line will be using the DBHDS Systemic Assessment sample to develop an updated systemic risk assessment template for DBHDS licensed services that will include all of the regulatory required areas of assessment. The plan will be completed by 4/15/2025. Team Members who complete the systemic risk assessment will receive training on the new assessment completion by 5/15/2025. The new assessment will be completed on all units by 06/30/2025. 3. Moving forward, the risk manager or designee will review the Systemic Risk Assessment of each licensed service to ensure that it includes all regulatory required areas and addresses possible/potential risks relative to the service. OLR) Accepted 04/17/2025	6/30/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-520. C. (5) - The provider shall conduct systemic risk assessment reviews at least annually to identify and respond to practices, situations, and policies that could result in the risk of harm to individuals receiving services. The risk assessment review shall address at least the following: 5. A review of serious incidents.	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the provider discussed risk that were assessed throughout the year to include, a review of serious incidents. In addition, the provider submitted evidence of an annual systemic risk assessment that suggested that risk in relation to serious incidents was assessed annually. However, risk documents revealed that the provider failed to conduct a systemic risk assessment that detailed all factors assessed in relation to serious incidents for the service. The providers systemic assessment failed to identify and respond to practices, situation, and policies that could result in the risk of harm to individuals receiving services, to include a review of serious incidents.	PR) 04/02/2025 1. The organization was completing the risk assessment based off findings for each area of the assessment instead of assessing possible/potential risks. 2. The Behavioral Health Service Line will be using the DBHDS Systemic Assessment sample to develop an updated systemic risk assessment template for DBHDS licensed services that will include all of the regulatory required areas of assessment. The plan will be completed by 4/15/2025. Team Members who complete the systemic risk assessment will receive training on the new assessment completion by 5/15/2025. The new assessment will be completed on all units by 06/30/2025. 3. Moving forward, the risk manager or designee will review the Systemic Risk Assessment of each licensed service to ensure that it includes all regulatory required areas and addresses possible/potential risks relative to the service. OLR) Accepted 04/17/2025	6/30/2025

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License #: **033-04-005**

Organization Name: **Inova Health Care Services**

Date of Inspection: **02-20-2025**

Program Type/Facility Name: **04-005 Inova Fairfax Hospital**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-620. C. (2) - The quality improvement plan shall: 2. Define measurable goals and objectives;	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the program provider submitted a Quality Improvement Plan (QIP) that was last revised on 02/01/2025. Upon review, LS discovered that the programs QIP included measurable goals. However, the provider failed to include measurable objectives that are time-bound.	PR) 04/02/2025 1. The Quality Improvement Plan did not have measurable objectives or input from individuals receiving services and their authorized representative about services used and satisfaction level of participation in the direction of service planning. i. The format of measurability was not consistent with DBHDS preferred requirements. ii. The Quality Improvement Plan has been updated to include measurable objectives. iii. Moving forward, the Director of Quality for Behavioral Health will review the Quality Improvement Plan at least annually to ensure that the plan contains all regulatory required areas. OLR) Accepted 04/17/2025	4/30/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-620. E. - Input from individuals receiving services and their authorized representatives, if applicable, about services used and satisfaction level of participation in the direction of service planning shall be part of the provider's quality assurance system improvement plan. The provider shall implement improvements, when indicated.	N	Inova Fairfax Hospital This regulation was NOT MET as evidenced by: At the time of inspection, the program provider submitted a Quality Improvement Plan (QIP) that was last revised on 02/01/2025. Upon review, LS discovered that the provider failed to include input from individuals receiving services and their authorized representative about services used and satisfaction level of participation in the direction of service planning in the programs Quality Improvement Plan.	PR) 04/02/2025 1. The Quality Improvement Plan did not have input from individuals receiving services and their authorized representative about services used and satisfaction level of participation in the direction of service planning as this is collected in a different document within the organization. i. The Quality Improvement Plan has been updated to include input from individuals receiving services and their authorized representative about services used and satisfaction level of participation in the direction of service planning. ii. Moving forward, the Director of Quality for Behavioral Health will review the Quality Improvement Plan at least annually to ensure that the plan contains all regulatory required areas. OLR) Partially Accepted 04/17/2025LS is requesting that the provider submit plan of action of the measures that the provider will implement to collect and analyze responses received from customer satisfaction surveys. In addition, what measures will be implemented to ensure that the results collected will be reflected as part of provider's quality improvement plan in order to meet compliance related to regulation 12VAC35-105-620.E. PR) 04/30/2025 Updated Quality Improvement Plan Uploaded OLR) Accepted 05/01/2025	4/30/2025

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations: The provider does not use volunteers or contractors. The licensing specialist recommends the provider review regulations 12VAC35-520 A. The provider should reference the Crosswalk of DBHDS Approved Risk Management Training on the Office of Licensing webpage. The provider is responsible for submitting the completed DBHDS Risk Management Attestation to the Licensing Specialist along with the CAP. The providers CAP shall include a detailed description of corrective actions that will minimize the possibility of the violation occurring again. The provider MUST submit the completed attestation with the CAP. If the person responsible for the risk management function has completed the training and submitted the completed DBHDS Risk Management Attestation, but the employees job description does not specify the role for risk management, the provider is responsible for submitting a revised job description with the CAP. The licensing specialist recommends the provider review regulation 12VAC35-105-520 as well as the Guidance for Risk Management (August 2020). Based on the providers Attestation of Risk Management Training, the provider will not be required to take the training again. The licensing specialist recommends the provider review 12VAC35-105-620 as well as the Guidance for a Quality Improvement Program (November 2020). The specialist also recommends the provider access the resources and training related to quality improvement on the Office of Licensing webpage, under the QUALITY IMPROVEMENT-RISK MANAGEMENT RESOURCES FOR LICENSED PROVIDERS. 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.				
Tantanea Williams, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				