

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

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Investigation ID: 20

License #: 039-04-005

Organization Name: Carilion Clinic Roanoke Memorial Hospital

Date of Inspection: 02-02-2026

Program Type/Facility Name: 04-005 Roanoke Memorial 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>
12VAC35-105-280. C. - The physical environment and furnishings shall be clean, dry, free of foul odors, safe, and well-maintained.	N	Roanoke Memorial Hospital This regulation was NOT MET as evidenced by: Individual was left with an Ice pack unsupervised, rendering the environment unsafe for them, they subsequently reported consuming some contents of the ice pack, puncture holes were found in the pack indicating that they may have bitten it to access the fluid.	PR) 02/26/2026 1. 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 patient was provided a cold pack based on clinical assessment and risk assessment according to hospital process. The patient later reported biting the pack and possibly ingesting its contents. This was not founded or able to be validated through assessment or labs. Cold packs have been removed from the unit with alternative options such as ice wrapped in cloth, when needed. 2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training 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 current disposable cold packs have been removed from the units. -Staff educated via written communication/education on alternatives (ice wrapped in cloth). -Collaboration underway with Supply Chain to obtain safer alternatives, if available. We will continue to use ice wrapped in cloth until other alternatives are secured. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:	2/24/2026

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			monthly audits, weekly chart reviews, daily checklist, etc.). -Weekly EOC (environment of care) rounds by Clinical Team Leader (CTL)/Unit director to ensure items are not restocked until April 1, 2026 to allow par levels and system updates to take effect for the removal of the item from hospital stock. - Non-compliance will be addressed immediately. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Clinical Team Leaders (CTLs) Unit Director 5. 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. All measures have been implemented and completed on 2/24/2026. Ongoing monitoring as outlined above. OLR) Accepted 02/27/2026	

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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.				
_____ Dale Hamann, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				