

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

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Investigation ID: 106

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 02-25-2022

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<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. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The provider failed to follow their supervision policy as it relates to 12VAC35-105-590. Provider staffing plan. The provider's protocol is that there are to be at least two staff members present, at all times, with any group of patients. However, on 9/22/19 there was a peer-to-peer incident that occurred involving Individual #1 in which there was only one staff member present. Individual #1 was physically assaulted a second time on 9/22/19 and during that assault there was again only one staff member present with the group of individuals. Additionally, the staff member had their back turned toward the group and was looking at their phone throughout the entirety of the assault. Upon review of the provider's Medical Record Review Compliance Process policy, it states, "Discharge Summary signed within 15 days-HIM Focus Study Reviews: Discharge Summary validated and countersigned by the attending provider within 15 days of patient's discharge." The discharge summary was countersigned by Employee 5; however, the employee did not validate the discharge summary as the actual discharge date was 9/24/19 and not 10/2/19. According to the provider's Medication Administration policy, "I. The patient or their designated caregiver are informed about any potential adverse drug reactions or other concerns regarding administration of a new medication." There was no documentation that consent was given by the caregiver prior to Medication 1 being administered to Individual 1 as it had been discontinued by	PR) 10/28/2022 Supervision: PR: VCU disagrees with this allegation. AR does not provide evidence other than personal notes of VTCC's protocol regarding number of staff. AR was notified of the physical assault and both participants were evaluated immediately (see Respondent's Exhibit H - 1, p. 53 and Petitioner's Exhibit 145). Discharge: - 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. PR: The Attending Medical Provider failed to validate the correct date of the discharge summary. The discharge summary was completed and countersigned in the correct timeframe; however, it was dated for 10/2/19, when it should have been dated 9/24/19. PR: The Nurse Practitioner (author) nor the attending (countersigner) that did not validate the correct time on the discharge summary are no longer with VCUHS/VTCC. - Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. PR: As of December 4, 2021, VCU Health	11/30/2022

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		Entity #1 prior to being admitted to the provider. Individual #1 was administered Medication 1 (150mg) on 9/17/19 and 9/18/19 which then increased to 300 mg and administered 9/19/19, 9/20/19, 9/21/19, 9/22/19, 9/23/19 and 9/24/19.	System implemented an integrated system (EPIC, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and patient. This electronic medical record system automatically time stamps entries at time of their entry. PR: The documentation error occurred in 2019; however, all team members were reminded of importance in validating accuracy timing on medical record entries when entering information on 10/28/2022 (see attached Email Reminder from Nursing Director to VTCC team members). • Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: The Division Chief for Child and Adolescent Psychiatry reviews charts weekly. Medication Consent The Individual's AR alleges that: a. Wellbutrin 150mg is not written, by Individual's AR, in the "Current Medications" box on the intake paperwork; it is written off to the side because Individual was not actively taking it when he was transferred from HDH, which Individual's AR explained during admission. (VTCC has claimed since 2019,	

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			and Individual's AR has disputed, that Individual transferred from HDH taking Wellbutrin 150mg.) PR: VCU disagrees with this allegation and does not believe this allegation violates 12VAC35-115 -60 (B) (8), which states, "Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent". HDH transfer paperwork lists Wellbutrin 150 mg was listed under "reported medications", not "discontinued medications" (see Petitioner's Exhibit 174) Furthermore, AR provided written consent to start Wellbutrin at VTCC (see Respondent's Exhibit H-6, p. 557). The medication box references, does not specify "current medications" but instead is a list of medications for which AR is giving consent (see Respondent's Exhibit H-6, page 557). b. Individual's AR wrote that the maximum, allowable dosage of Wellbutrin that Individual could be administered is 150mg. VTCC did not obtain Individual's AR's written consent to administer a higher dosage of Wellbutrin to Individual. PR: VCU disagrees with this allegation and does not believe this allegation violates 12VAC35-115 -60 (B) (8), which states, "Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent." The Consent Form identified by AR specifies that maximum doses may be given by the signatory, but none is specified by AR for Wellbutrin, only the current dose is specified (see Respondent's Exhibit H-6, p. 557). OLR) Accepted 02/06/2023	

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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>
12VAC35-105-160. D. (1) - The provider shall collect, maintain, and report or make available to the department the following information: 1. Each allegation of abuse or neglect shall be reported to the department as provided in 12VAC35-115-230 A.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The provider failed to report two peer-to-peer incidents involving Individual #1 that occurred on 9/22/19. These incidents were not reported to the department until 1/4/22.	PR) 10/28/2022 Statement of the issue that led to non-compliance and how you corrected/will correct the deficient practice. PR:VTCC identified in Individual's medical record, Individual's assault and seizure as "significant events" and created an "event page" for the assault. Additionally, a "Medical Emergency" was called when Individual seized. On 10/1/19 (while Individual's medical record was still being modified by VTCC) the DBHDS issued a Memorandum to DBHDS Licensed providers, including VCUHS, in relation to the expectations relating to serious incident reporting and use of the CHRIS system. PR: The event was discovered based on a TJC (The Joint Commission) complaint that help occurred in 2019. The AVP/ACNO for Women and Children's Health and Patient Relations Liaison discovered that the referenced incident was not reported back in 2019. Based on the current leadership's discovery date, the event was submitted by our Patient Relations Liaison on 1/04/2022. Plan of action to address systematic changes implemented to ensure you remain in compliance of the regulation. PR: The patient's admission occurred in 2019. Since that time, the organization has recruited and retained new leadership at both the nursing and medical director level. CHRIS (Computerized Human Rights Information System) reporting compliance was identified as	7/30/2022

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			an issue for the new leadership team in February 2021. As a result, the following steps have been implemented to ensure compliance: • A Patient Relations Liaison was hired on May 1, 2021 for adults and pediatrics to conduct CHRIS investigations. The role had been vacant and was being filled in by the youth case specialist from February 2021- July 2021. • The clinical coordinators provide around the clock leadership and charge RN (Registered Nurse) coverage and are responsible for the timely reporting and entry of events to the CHRIS database. • The Nurse Manager and Clinical Coordinators were trained on CHRIS reporting between April 22- November 4, 2021. The new Director of Nursing and Clinical Coordinator also completed the course, "Reporting in CHRIS: Abuse, Neglect, and Human Rights Complaints" in January 2022. Lastly, the new Nurse Manager came to VTCC with the CHRIS training already completed. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: When an event occurs that meets reporting requirements, the Clinical Coordinator notifies the Nurse Manager, Nurse Manager On-Call, and the Nursing Director through a safety telepage. The event is entered into the CHRIS	

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			reporting database and an internal CHRIS Tracking report on our VTCC Share Drive. The Clinical Coordinator also sends as email notifying the Patient Relations Liaison and nursing leadership of the same shift as the event. PR: The CHRIS tracking report logs the discovery date, submission date, type of report, brief description of the event, and investigation submission date. The CHRIS tracking report is reviewed weekly on Mondays with the Patient Relations Liaison, Director of Nursing, Nurse Manager and Nurse Clinician. In addition, follow-up action items, including clinical practice changes, are discussed at his meeting. PR: The Adolescent/Psychiatry leadership team (including AVP/ACNO, DON, Nurse Manager, Nurse Clinician, and Patient Relations Liaison) meets weekly to review all safety events and regulatory reporting. CHRIS report data will be reported out to the QAPI team monthly along with key safety themes significant to the events. OLR) Accepted 02/06/2023	
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The provider failed to report a Level II serious incident involving individual #1 which occurred 9/22/19 in which the individual was physically assaulted. Additionally, Individual #1 was not examined for over 4.5 hours after the assault. The individual was only examined after the Authorized Representative twice insists. Individual #1 is never provided the support of a mental health therapist because "it was after hours". After Individual #1 is physically	PR) 10/28/2022 Statement of the issue that led to non-compliance and how you corrected/will correct the deficient practice. PR:VTCC identified in Individual's medical record, Individual's assault and seizure as "significant events" and created an "event page" for the assault. Additionally, a "Medical Emergency" was called when Individual seized. On 10/1/19 (while Individual's medical record	7/30/2022

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telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the		assaulted, the provider suggests, and offers to put into place, a corrective safety protocol. The parties agree that a behavior specialist will be dedicated to Individual #1. Another Level II serious incident occurred on 9/22/19 in which Individual #1 was physically assaulted a second time and during that assault there was again only one staff member present with the group patients. Additionally, the staff member had their back turned toward the group (they were facing away from the group) and looking at their cell phone throughout the entirety of the assault. According to the provider's significant event report dated 9/24/19, an occurrence occurred 9/24/19 1200 in which, "An injury requiring treatment by a physician and any injury requiring patient to go the emergency room," was checked. On this day, Individual #1 had a seizure and fell striking their head on the floor. This incident was not reported to the department within 24 hours of discovery. It was not reported to the department until 1/14/22. Also, during this incident and based on a review of the video footage and provider documentation, it does not appear that a behavior specialist was assigned or with the individual at the time of this incident. The above incidents were not reported using the department's web-based reporting application until 2022. Additionally, the Authorized Representative was not notified of the second Level II incident that occurred on 9/22/19 until 12/15/21.	was still being modified by VTCC) the DBHDS issued a Memorandum to DBHDS Licensed providers, including VCUHS, in relation to the expectations relating to serious incident reporting and use of the CHRIS system. PR: The event was discovered based on a TJC (The Joint Commission) complaint that help occurred in 2019. The AVP/ACNO for Women and Children's Health and Patient Relations Liaison discovered that the referenced incident was not reported back in 2019. Based on the current leadership's discovery date, the event was submitted by our Patient Relations Liaison on 1/04/2022. Plan of action to address systematic changes implemented to ensure you remain in compliance of the regulation. PR: The patient's admission occurred in 2019. Since that time, the organization has recruited and retained new leadership at both the nursing and medical director level. CHRIS (Computerized Human Rights Information System) reporting compliance was identified as an issue for the new leadership team in February 2021. As a result, the following steps have been implemented to ensure compliance: • A Patient Relations Liaison was hired on May 1, 2021 for adults and pediatrics to conduct CHRIS investigations. The role had been vacant and was being filled in by the youth case specialist from February 2021- July 2021. • The clinical coordinators provide around the clock leadership and charge RN (Registered Nurse) coverage and are	

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individual was in a licensed service shall be reported.			responsible for the timely reporting and entry of events to the CHRIS database. The Nurse Manager and Clinical Coordinators were trained on CHRIS reporting between April 22- November 4, 2021. The new Director of Nursing and Clinical Coordinator also completed the course, "Reporting in CHRIS: Abuse, Neglect, and Human Rights Complaints" in January 2022. Lastly, the new Nurse Manager came to VTCC with the CHRIS training already completed. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: When an event occurs that meets reporting requirements, the Clinical Coordinator notifies the Nurse Manager, Nurse Manager On-Call, and the Nursing Director through a safety telepage. The event is entered into the CHRIS reporting database and an internal CHRIS Tracking report on our VTCC Share Drive. The Clinical Coordinator also sends an email notifying the Patient Relations Liaison and nursing leadership of the same shift as the event. PR: The CHRIS tracking report logs the discovery date, submission date, type of report, brief description of the event, and investigation submission date. The CHRIS tracking report is reviewed weekly on Mondays with the Patient Relations Liaison, Director of Nursing, Nurse	

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			Manager and Nurse Clinician. In addition, follow-up action items, including clinical practice changes, are discussed at his meeting. PR: The Adolescent/Psychiatry leadership team (including AVP/ACNO, DON, Nurse Manager, Nurse Clinician, and Patient Relations Liaison) meets weekly to review all safety events and regulatory reporting. CHRIS report data will be reported out to the QAPI team monthly along with key safety themes significant to the events. OLR) Accepted 02/06/2023	
12VAC35-105-650. E. (4) - An assessment shall be initiated prior to or at admission to the service. With the participation of the individual and the individual's authorized representative, if applicable, the provider shall complete an initial assessment detailed enough to determine whether the individual qualifies for admission and to initiate an ISP for those individuals who are admitted to the service. This assessment shall assess immediate service, health, and safety needs, and at a minimum include the individual's: 4. Current medications;	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Upon review of the initial nursing assessment completed 9/16/19 for Individual #1, Medication 1 was written outside of the current medications box and there was nothing noted to indicate if the medication had been discontinued or if it was a current medication. It is important to note that this medication had been discontinued by Entity #1 prior to being admitted to the provider.	PR) 10/28/2022 Medication Consent The Individual's AR alleges that: a. Wellbutrin 150mg is not written, by Individual's AR, in the "Current Medications" box on the intake paperwork; it is written off to the side because Individual was not actively taking it when he was transferred from HDH, which Individual's AR explained during admission. (VTCC has claimed since 2019, and Individual's AR has disputed, that Individual transferred from HDH taking Wellbutrin 150mg.) PR: VCU disagrees with this allegation and does not believe this allegation violates 12VAC35-115-60 (B) (8), which states, "Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent". HDH transfer paperwork lists Wellbutrin 150 mg was listed under "reported medications", not "discontinued medications" (see Petitioner's Exhibit 174) Furthermore, AR provided written consent to start Wellbutrin at VTCC (see Respondent's	12/4/2022

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			Exhibit H-6, p. 557). The medication box references, does not specify "current medications" but instead is a list of medications for which AR is giving consent (see Respondent's Exhibit H-6, page 557). OLR) Not Accepted 02/06/2023 Based on a review of the initial nursing assessment Medication #1 was not a current medication as it was listed outside of the box. There was nothing noted to indicate why the medication was listed outside of the box. The form specifically states, "Current Medications and dosages -include OTC and supplements." According to the provider's response, it was written off to the side because the individual was not actively taking it. Upon review of the form it is difficult to determine the status of a medication written outside of the box. Review of the document attached by the provider also includes Medication #1 listed outside of the box, and there was nothing noted to indicate why the medication was listed outside of the box. PR) 02/20/2023 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. PR: This event occurred in 2019. Wellbutrin 150mg was written outside of the box on the "Current Medications" intake paperwork. The nurse completing the intake form did not indicate if the medication had been discontinued or if it was a current medication.	

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			Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. PR: As of December 4, 2021 VCU Health System implemented an integrated system, EPIC charting system, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and a patient. Within EPIC, the Medication History is now collected electronically, alleviating any risk of clinical team members not clarifying whether medication is discontinued or a current medication during intake. PR: For medication reconciliation, staff are reminded to review EPIC (EMR) orders prior to signing them to prevent automatic prescription of home medications at the hospital, follow evidence-based practice for medication prescription, and adhere to current policy and procedure following guidelines under VCUHS Medication Administration Policy to ensure proper efforts are utilized to improve safe prescribing of patient medications. PR: Management at VTCC has adopted a Medication Safety Workgroup held bi-weekly and Safety Committee held monthly. Both groups prioritize, discuss, analyze, and plan ways to reduce safety events at VTCC. In addition, leadership continues to implement VCUHS current policy and procedure under VCUHS Medication Administration Policy.	

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			Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: The Nurse Clinician completes monthly medical record audits. OLR) Accepted 03/02/2023	
12VAC35-105-665. A. (1) - The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need;	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The ISP (IPOC) for Individual #1 dated 9/16/19, does not address Individual #1's safety needs. Under barriers to care, it lists, "seizure disorder" with a plan "monitor on seizure precautions." It also lists "seizures" under the medical problem description section. However, the ISP does not include a specific seizure protocol. Additionally, the ISP was not updated despite the fact that the AR advised the provider on 9/17/19 and 9/19/19 of what Individual #1's seizures look like and how to respond.	PR) 10/28/2022 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. PR: This event occurred in 2019. ISP (IPOC) documentation at that time was on paper, and the rounding process did not make completing all aspects of the IPOC a priority. PR: These findings occurred from 2019 documentation. Since then, the health system transitions from paper to electronic IPOC documentation on December 4, 2021 (EPIC). Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation.	11/30/2022

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			PR: As of December 4, 2021 VCU Health System implemented an integrated system, EPIC charting system, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and a patient. Within EPIC, treatment interventions automatically populate upon listing patient goals in the initial plan. PR: Team member education has been occurring through team meetings with Nursing Leadership around including both Psychiatric and Medical conditions. PR: Team members were reminded by email on 10/28/2022 that any patient specific protocols must be scanned into the medical record and shared with team members (see attached email to VTCC team members from Nursing Director). Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: The Nurse Clinician completes monthly IPOC audits. OLR) Accepted 02/06/2023	
12VAC35-105-665. E. - Providers of short-term intensive services such as inpatient and crisis services that are	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The provider failed to follow their policy as it relates to	PR) 10/28/2022 Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in	11/30/2022

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typically provided for less than 30 days shall implement a policy to develop an ISP within a timeframe consistent with the length of stay of individuals.		12VAC35-105-665. ISP requirements. Upon review of the 9/16/19 ISP for Individual #1, goals were not reviewed every 7 days as is indicated on the form. Review of the document reveals that goals should have been reviewed at least once given his stay of 9 days.	this specific violation. PR: This event occurred in 2019. ISP (IPOC) documentation at that time was on paper, and the rounding process did not make completing all aspects of the IPOC a priority. PR: These findings occurred from 2019 documentation. Since then, the health system transitions from paper to electronic IPOC documentation on December 4, 2021 (EPIC). Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. PR: As of December 4, 2021 VCU Health System implemented an integrated system, EPIC charting system, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and a patient. Within EPIC, treatment interventions automatically populate upon listing patient goals in the initial plan. PR: Team member education has been occurring through team meetings with Nursing Leadership around including both Psychiatric and Medical conditions. PR: Team members were reminded by email on 10/28/2022 that any patient specific protocols must be scanned into the medical record and shared with team members (see attached email to VTCC team members from Nursing Director).	

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			Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: The Nurse Clinician completes monthly IPOC audits. OLR) Accepted 02/06/2023	
12VAC35-105-675. C. - The provider shall update the ISP at least annually and any time assessments identify risks, injuries, needs, or a change in status of the individual.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: According to the provider's report to the department entered 1/4/22, it is states that the parties agree that a behavior specialist will be dedicated to Individual #1. However, there is no indication that an assessment was completed or the 9/16/19 ISP was revised to reflect a behavior support plan or that a behavior specialist was assigned to Individual #1.	PR) 10/28/2022 PR: VCU disagrees that the above allegation shows a violation of the listed regulation. On the contrary, it depicts efforts to ensure safety. Notably, AR indicated she was okay with Individual #1 remaining on the unit (see Petitioner's Exhibit 50). OLR) Not Accepted 02/06/2023 LS met with provider on 12/21 to discuss their disputes. Provider advised they would like to update their response and are no longer disputing this citation. PR) 02/16/2023 Provide a statement of the issue that led to noncompliance and how you corrected the practice. PR: This event occurred in 2019. At that time, ISP (IPOC) documentation was on paper, and rounding did not make completing all aspects of the IPOC a priority. Since then, the health	11/30/2022

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Investigation ID: 106

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 02-25-2022

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			system transitions from paper to electronic IPOC documentation on December 4, 2021 (EPIC). Include a plan of action to address systematic changes. PR: As of December 4, 2021 VCUHS implemented EPIC, an EHR system for efficient management and accurate handling of electronic medical records. Within EPIC, treatment interventions automatically populate upon listing patient goals in the initial plan. PR: Team member education has been occurring through team meetings with Nursing Leadership on including both Psychiatric and Medical conditions. Team members were reminded by email on 10/28/22 that any patient specific protocols must be scanned into the medical record and shared with team members. Include Staff by Title who will monitor the procedures implemented to ensure compliance. PR: The Nurse Clinician completes monthly IPOC audits. OLR) Accepted 03/02/2023	
12VAC35-105-693. F. (6) - A written discharge summary shall be completed within 30 days of discharge and shall include at a minimum the following: 6. Progress made by the individual in achieving	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The provider indicated progress on goals/objectives related to therapy in the discharge summary; however, there are no identified treatment interventions identified in the ISP effective 9/16/19 as nothing is checked in that section.	PR) 10/28/2022 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. PR: This event occurred in 2019. ISP (IPOC) documentation at that time was on paper, and the rounding process did not make completing all	11/30/2022

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Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 02-25-2022

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
goals and objectives identified in the ISP and summary of critical events during service provision;			aspects of the IPOC a priority. PR: These findings occurred from 2019 documentation. Since then, the health system transitions from paper to electronic IPOC documentation on December 4, 2021 (EPIC). Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. PR: As of December 4, 2021 VCU Health System implemented an integrated system, EPIC charting system, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and a patient. Within EPIC, treatment interventions automatically populate upon listing patient goals in the initial plan. PR: Team member education has been occurring through team meetings with Nursing Leadership around including both Psychiatric and Medical conditions. PR: Team members were reminded by email on 10/28/2022 that any patient specific protocols must be scanned into the medical record and shared with team members (see attached email to VTCC team members from Nursing Director). Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:	

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Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 02-25-2022

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			monthly audits, weekly chart reviews, daily checklist). PR: The Nurse Clinician completes monthly IPOC audits. OLR) Accepted 02/06/2023	
12VAC35-105-920. - The provider shall implement a review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Individual #1's ISP effective 9/16/19 (page 5) was not reviewed or initialed on 9/19/19. The provider did not evaluate Individual #1's record for accuracy as the discharge summary for Individual #1 includes an admission date of 9/16/19 with a discharge date of 10/2/19. In an email from the provider 6/23/22, the provider indicated that Individual #1 was admitted to the provider 9/16/19 and discharged 9/24/19.	PR) 10/28/2022 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. PR: This event occurred in 2019. ISP (IPOC) documentation at that time was on paper, and the rounding process did not make completing all aspects of the IPOC a priority. PR: These findings occurred from 2019 documentation. Since then, the health system transitions from paper to electronic IPOC documentation on December 4, 2021 (EPIC). Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. PR: As of December 4, 2021 VCU Health System implemented an integrated system, EPIC charting system, an electronic health records system for efficient management and accurate handling of electronic medical records designed to improve sharing information and communication between healthcare provider and a patient. Within EPIC, treatment interventions automatically populate upon listing patient goals in the initial plan.	11/30/2022

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Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<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: Team member education has been occurring through team meetings with Nursing Leadership around including both Psychiatric and Medical conditions. PR: Team members were reminded by email on 10/28/2022 that any patient specific protocols must be scanned into the medical record and shared with team members. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: The Nurse Clinician completes monthly IPOC audits. OLR) Accepted 02/06/2023	

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Program Type/Facility Name: 04-005 VTCC Inpatient Unit

<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: Please ensure to respond to the CAP by: 1. Address all problems documented in each violation by: a. Identifying the root cause(s) of the violation; b. Developing a systemic plan of action, if applicable, to address each problem, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff, or other steps that could alleviate the problem and minimize the possibility that the violation will occur again; and c. Indicating the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). DBHDS, LIC19, August 2020 3 2. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 3. Include a date of completion for each corrective action.				
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.				
_____ Josie Russell, Investigator		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				