

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

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Investigation ID: 272

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 05-09-2025

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: In review of Individual #1's record, the provider did not provide proof that the provider, including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. Per the provider's Exclusions 3.2.5 policy titled Medical Considerations, this policy states that the following are considerations for admission which may be exclusionary and should be reviewed with the clinical team and/or medical leadership on a case-by-case basis. Per the policy, other types of medical treatment or devices requiring special medical nursing and/or care will be discussed with the Medical Director, Nurse Manager and Nurse Clinician to assess whether safe care can be delivered at the facility. There was no evidence that this occurred. Per Individual #1's record, Individual #1 utilized a specialized board and wheelchair. The only documentation in Individual #1's record was a note from the attending physician clearing the Individual to transfer to the psychiatric unit.	PR) 12/23/2025 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. The issue that led to non-compliance was that, although multiple discussions about the patient's medical treatment needs and use of medical devices did occur and were documented in the medical record, the documentation did not reflect participation from all the specific roles required by the VTCC guideline. The guideline in effect at the time stated that patients requiring medical treatment or devices that involve special medical nursing and/or care must be discussed by the medical director, nurse manager, and nurse clinician to determine whether safe care could be delivered at the facility. While the record shows extensive interprofessional collaboration-including documented communication among pediatrics, surgery, PT/OT, care coordination, psychiatry, and the VTCC Nurse Clinician-not all the required leadership roles listed in the guideline were documented as part of the admission decision-making process. As a result, the documentation did not demonstrate full compliance with the policy as written. In this case, the patient's use of a wheelchair, TLSO brace, and sliding board fell within routine RN scope of practice, standard mobility and transfer procedures, and PT/OT-directed functional mobility plans. The patient did not require infusions, monitoring devices, drips, or other medical treatments outside the RN scope of care. Once the patient demonstrated the ability to transfer with minimal assistance using	1/31/2026

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			the sliding board per PT/OT instruction and RN supervision, no specialized medical nursing care was required. As a result, the clinical team's documented discussions focused on functional mobility and safety rather than on medical treatments requiring specialized nursing care. To correct this deficiency, VTCC has revised the Pediatric Inpatient Psychiatry Guidelines to clarify when nursing leadership consultation is required and to specify the documentation expectations for these consultations. The updated guideline now requires, "When providers identify concerns related to specialized medical care not previously or routinely managed within the program, escalation to the attending physician and/or medical leadership may be advised for further review prior to consideration for admission." In addition, "nursing leadership will also be consulted when a person presents with medical treatments or devices that are medically necessary related to medical component of their admission and not generally or routinely used by the patient." 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. To ensure ongoing compliance with regulatory requirements and internal expectations for admitting patients who require medical treatment or devices involving special medical nursing and/or care, VTCC will update the Pediatric Inpatient Psychiatry Guideline to strengthen clarity, accountability, and documentation	

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			requirements. The current guideline language will be replaced with revised wording that more clearly defines when consultation is required and who must participate in the decision-making process. The updated guideline specifies that any patient requiring medical treatment or devices not previously or routinely managed within the program must undergo consultation with nursing leadership prior to consideration for admission. The revised guideline also establishes explicit documentation expectations, requiring that any nursing leadership assessment completed before admission determination be recorded in the medical record. Additionally, any provider concerns regarding special medical care not routinely managed at VTCC must be escalated through the attending and/or medical director, with all formal discussions documented. To support consistent implementation of these changes, The VTCC Nurse Director will share this information to all relevant nursing and clinical team members and the VTCC Medical Director will share this information with attending psychiatrists and the psychiatry team-on the updated guideline language and the associated documentation requirements. This education will ensure that all staff understand the revised expectations and apply them consistently during the admission process of patients with medical considerations. 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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			monthly audits, weekly chart reviews, daily checklist). The Nurse Director, Nurse Manager, Nurse Clinician, and Medical Director will monitor compliance with the updated guideline. The Nurse Clinician will complete monthly chart audits to confirm that required nursing leadership consultations and any provider escalations are documented in the medical record for 100% of patients admitted with medical treatment needs or devices requiring special medical nursing and/or care. The Nurse Manager and Nurse Director will review the audit results and address any gaps with staff as needed. The Medical Director will review any cases that require provider escalation to ensure documentation is complete. This monitoring process will occur monthly, until 100% compliance for 3 consecutive months, with leadership reviewing trends quarterly to ensure sustained compliance. Planned dates for each step of the actions to be taken: • Update Pediatric Inpatient Psychiatry Guidelines: January 23, 2026 • Staff education on updated guideline and documentation expectations: January 31, 2026 • Initiation of monthly chart audits: January 31, 2026 OLR) Accepted 01/16/2026	

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