

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

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License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 10-13-2021

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>
12VAC35-105-160. D. (1) - Each allegation of abuse or neglect shall be reported to the department as provided in 12VAC35-115-230 A.	N	VTCC Inpatient Unit 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. Human Rights Regulations: 12VAC35-115-230 (A)(3): Provider Requirements for Reporting “Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A-20210045 on 8/30/2021, 9/13/2021, and 10/5/2021, the provider failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. The investigative findings were due on 9/3/2021.	PR) 11/03/2021 PR: Provider investigation of the failure to provide written report of investigation results within required time period determined that the person who originally entered the CHRIS report was no longer with the organization. Upon further review, emails were sent by DBHDS for follow-up to this case to an employee that is no longer with the organization as of February 2021, and there was no return reply set-up from this email account. In addition, DBHDS did not receive record of the change in contacts for VCUHS team members entering or investigating CHRIS reports. Per DBHDS team member, on the date it was discovered the Investigation tab was not completed to its entirety, emails were sent on 8/30/2021 and 9/13/2021 to the former VCUHS team member informing her that the Investigation tab was not completed entirely. Upon review on 10/5/2021, another email was sent and a request for citation was sent to the Office of Licensing. PR: The Interim Director of nursing for VTCC reached out to Human Resources and Information Technology to inactivate the former employee's email internally. On 10/25/21, IT added an out-of-office notification, noting the employee no longer works with the organization. The message provides contact information for the interim director of nursing for VTCC. PR: The Behavioral Health Patient Relations Liaison reached out to the DBHDS representative assigned to this case to provide updated contact information. PR: The VCUHS Regulatory Affairs Manager contacted the DBHDS Regional Manager by email to determine how to notify DBHDS of any staffing changes related to team members investigating CHRIS reports (awaiting response).	11/3/2021

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			PR: The Patient Relations Liaison ensured all checkboxes in CHRIS entry A-20210045 were complete for each abuse type in the report to close it correctly on 10/20/21. PR: The Patient Relations Liaison (new role as of May 2021) and Nurse Manager both have access to review CHRIS reports. The Patient Relations Liaison and Nurse Manager have completed all CHRIS training, including Investigations. The Nurse Director is also obtaining access to review CHRIS reports to help verify all items are complete within the required timelines. PR: Key VTCC team members, such as the Nurse Director, Nurse Manager, Patient Relations Liaison, and Regulatory Affairs Manager, are attending required CONNECT training occurring November 4-10, 2021. This training will help ensure all future deadlines are met, such as returning corrective action plans, and aid in communicating directly with the licensing specialist. The VTCC nursing leadership team (consisting of Nurse Director, Nurse Manager) meets with the Patient Relations Liaison weekly to discuss any open investigations and ensure timely closure of them. OLR) Accepted 11/18/2021 OHR Accepted 11/4/2021 0	

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General Comments / Recommendations: Inspection ID: 209 Location: Inpatient Psych-Child Please respond with acceptable corrective action to andrea.milhouse@dbhds.virginia.gov and tonya.carr@dbhds.virginia.gov by 11/4/2021.				
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				