

**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: 11-04-2021

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>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: See OHR Citation below.	PR) 11/19/2021 Issue that led to non-compliance and how you corrected/will correct the deficient practice in this specific violation. PR: Provider review of the finding related to Employee's late entry to Human Rights portion of the CHRIS reporting system. PR: Nurse Manager reviewed the finding with the Nursing Leadership team. Leadership team stated due to the complexity of the patient case and long history of swallowing object that abuse/neglect was not suspected. Therefore, the events were only reported through Licensure as Serious Events. PR: Re-education was provided on 11/21/21to the Nursing Leadership team. Education included reviewing the incidents and identifying that because harm did reach the patient the events should have been reported to Human Rights as potential neglect and to Licensure as a Serious Event. The team also reviewed the occurrence sheet to ensure understanding of what events should be reported to either Licensure, Human Rights, or both agencies. Plan of action to address systematic changes that have been or will be implemented to ensure you remain in compliance of the regulation. PR: A tracking spreadsheet has been developed and used weekly. The tracker	11/22/2021

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			includes the details of the event and who is was reported to and the report numbers. The tracking sheet has a column to show if the event was reported to Licensing and Human Rights. The Occurrence sheet reflects which events should be reported to Licensure, Human Rights or both agencies. After an event an occurrence page is sent out to the nursing leadership team (including Nurse Manager and Director for VTCC). The Nurse Manager will review events to ensure they were reported properly. OLR) Accepted 12/02/2021	
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: - Upon review of CHRIS entry A-20210078, the provider became aware of the incident on 8/26/2021, and the date of entry into CHRIS is 10/22/2021. As a result, the provider failed to report the allegation to the department within 24 hours of receipt. - Upon review of CHRIS entry A-20210079, the provider became aware of the incident on 9/9/2021, and the date of entry into CHRIS is 10/22/2021. As a result, the provider failed to report the allegation to the department within 24 hours of receipt. - Upon review of CHRIS entry A-20210080, the provider became aware of the incident on 9/10/2021, and the date of entry into CHRIS is 10/22/2021. As a result, the provider failed to report the allegation to the department within 24 hours of receipt.	PR) 11/19/2021 <u>Issue that led to non-compliance and how you corrected/will correct the deficient practice in this specific violation.</u> PR: Provider review of the finding related to Employee's late entry to Human Rights portion of the CHRIS reporting system. PR: Nurse Manager reviewed the finding with the Nursing Leadership team. Leadership team stated due to the complexity of the patient case and long history of swallowing object that abuse/neglect was not suspected. Therefore, the events were only reported through Licensure as Serious Events. PR: Re-education was provided on 11/21/2120to the Nursing Leadership team. Education included reviewing the incidents and identifying that because harm did reach the patient the events should have been reported to Human Rights as potential neglect and to	11/22/2021

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			Licensure as a Serious Event. The team also reviewed the occurrence sheet to ensure understanding of what events should be reported to either Licensure, Human Rights, or both agencies. Plan of action to address systematic changes that have been or will be implemented to ensure you remain in compliance of the regulation. PR: A tracking spreadsheet has been developed and used weekly. The tracker includes the details of the event and who is was reported to and the report numbers. The tracking sheet has a column to show if the event was reported to Licensing and Human Rights. The Occurrence sheet reflects which events should be reported to Licensure, Human Rights or both agencies. After an event an occurrence page is sent out to the nursing leadership team (including Nurse Manager and Director for VTCC). The Nurse Manager will review events to ensure they were reported properly. OHR/OLR) Accepted 12/01/2021	

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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.				
Tonya Carr, Legal Operations Manager		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				