

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

Page: 1 of 7

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 04-14-2022

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. (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) 04/27/2022 Statement of the issue that led to non-compliance and how you corrected/will correct the deficient practice. 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	7/30/2022

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 2 of 7

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			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 Manager and Nurse Clinician. In addition, follow-	

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

Page: 3 of 7

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			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 04/27/2022	
12VAC35-115-175. F. (3) - Additional requirements for complaints involving abuse, neglect, or exploitation: 3. The program director shall notify the department and authorized representative, if applicable, of an allegation of abuse or neglect within 24 hours of the receipt of the allegation.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Upon review of CHRIS entry C-20220014 on 3/1/22, the provider's investigation determined that there was evidence found that the peer-to-peer altercation was not reported and a violation was found.	PR) 04/27/2022 PR) 04/27/2022 Statement of the issue that led to non-compliance and how you corrected/will correct the deficient practice. 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	7/30/2022

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

Page: 4 of 7

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			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 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	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 5 of 7

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			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	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 6 of 7

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			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. OHR/OLR) Accepted 04/27/2022	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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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				