

**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: 06-13-2022

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 citations below.	PR) 07/07/2022 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. Employee #1: PR: Medical Director met with provider and reviewed performance expectations around holds and restraints. Employee signed memo of understanding and agreed to enroll in TOVA training. Employee signed memo of understanding that he was not to provide any restraints or holds until the training is received (TOVA training completed 6/7/2022) or provide care of the patient that was restrained inappropriately, directly or indirectly. In addition, the employee only provided patient care in areas with other team members around until TOVA training was complete. Employee #3 and Employee #4: PR: On May 7, 2022 Behavioral Health Specialists failed to use approved technique compliance with VCUHS Restraint and Seclusion Policy (PC.PS.004) resulting in inappropriate de-escalation technique. Patient became dysregulated, blocked the door preventing Occupational Therapeutic team members from exiting room. Three Behavioral Health Specialists intervened to de-escalate the situation; however, two Behavioral Health Specialists were seen pushing/shoving patient with both hands in an attempt to prevent patient leaving separate care. PR: Upon notification of the incident and during the investigation, Security leadership (Director of Safety & Security, Security Operations Manager, and Interim Security Operations Supervisor)	7/7/2022

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			communicated and debriefed with Employee #3 and Employee #4 and reassigned them to a separate VCU Health location pending the outcome of the investigation. An in-depth debrief of the incident in question occurred with each individual, including and facilitated by Security leadership. Both Employee #3 and Employee #4 shared their insights regarding how the situation escalated, and their intent to try and protect both the patient in question and those who were present in the space outside the Separate Care Room. It was determined there is not currently a formal recommended technique for exiting a secure space while a patient is escalating and violent and attempting to exit that same secure space. 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: All providers at VTCC are required to complete TOVA training upon hire. PR: The Behavioral Health Specialists were debriefed and encouraged to use proper de-escalation techniques to ensure all patients safety and well-being. PR: VCUHS has ensured that all Behavioral Specialists at the VTCC location have renewed their full Therapeutic Options training in the last 2 -3 months, in addition to ensuring it is completed as an annual competency requirement. PR: Formed a Quality Assurance Video Review Group with the intent to help monitor and intervene and educate in real time if/when situations arise that may require a level of	

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			coaching. PR: TOVA training compliance was added to VTCC's annual risk assessment plan. 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: Data on TOVA training compliance will be reviewed monthly in the VTCC Safety Committee meeting (committee includes Nursing Director, provider, and nursing representatives) – leaders will be asked to report on their area's compliance rates. PR: VCUHS Security Director, Security Manager, and Behavioral Health Specialist supervisors will continue to debrief, monitor and provide coaching to Behavioral Health Specialists weekly as part of the monitoring process. PR: A Quality Assurance Video Review Group formed to help monitor and intervene and educate in real time if/when situations arise that may require a level of coaching. By what date you will have each planned corrective action completed. July 7, 2022 OLR) Accepted 07/12/2022	
12VAC35-115-110. C. (10) - The provider's duties. 10. Providers shall ensure that only staff	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by:	PR) 07/07/2022 Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific	6/7/2022

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who have been trained in the proper and safe use of seclusion, restraint, and time out techniques may initiate, monitor, and discontinue their use.		CHRIS Abuse #20220038 / Incident date: 5.11.22 - Upon review of documents provided by the provider, it was found that Employee #4 did not have current certification/training for TOVA. Per the documentation, Employee #4 last received TOVA certification 10/8/2019. - Per statement from Employee #5 on 6/6/2022, all staff are required to complete TOVA training annually.	violation. Employee #1: PR: Medical Director met with provider and reviewed performance expectations around holds and restraints. Employee signed memo of understanding and agreed to enroll in TOVA training. Employee signed memo of understanding that he was not to provide any restraints or holds until the training is received (TOVA training completed 6/7/2022) or provide care of the patient that was restrained inappropriately, directly or indirectly. In addition, the employee only provided patient care in areas with other team members around until TOVA training was complete. Employee #3 and Employee #4: PR: On May 7, 2022 Behavioral Health Specialists failed to use approved technique compliance with VCUHS Restraint and Seclusion Policy (PC.PS.004) resulting in inappropriate de-escalation technique. Patient became dysregulated, blocked the door preventing Occupational Therapeutic team members from exiting room. Three Behavioral Health Specialists intervened to de-escalate the situation; however, two Behavioral Health Specialists were seen pushing/shoving patient with both hands in an attempt to prevent patient leaving separate care. PR: Upon notification of the incident and during the investigation, Security leadership (Director of Safety & Security, Security Operations Manager, and Interim Security Operations Supervisor) communicated and debriefed with Employee #3 and Employee #4 and reassigned them to a separate VCU Health location pending the outcome of the investigation. An in-depth debrief of the incident in question occurred with each individual, including and facilitated by Security	

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			leadership. Both Employee #3 and Employee #4 shared their insights regarding how the situation escalated, and their intent to try and protect both the patient in question and those who were present in the space outside the Separate Care Room. It was determined there is not currently a formal recommended technique for exiting a secure space while a patient is escalating and violent and attempting to exit that same secure space. 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: All providers at VTCC are required to complete TOVA training upon hire. PR: The Behavioral Health Specialists were debriefed and encouraged to use proper de-escalation techniques to ensure all patients safety and well-being. PR: VCUHS has ensured that all Behavioral Specialists at the VTCC location have renewed their full Therapeutic Options training in the last 2 -3 months, in addition to ensuring it is completed as an annual competency requirement. PR: Formed a Quality Assurance Video Review Group with the intent to help monitor and intervene and educate in real time if/when situations arise that may require a level of coaching. PR: TOVA training compliance was added to VTCC's annual risk assessment plan. Include Staff by Title who will monitor the	

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			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: Data on TOVA training compliance will be reviewed monthly in the VTCC Safety Committee meeting (committee includes Nursing Director, provider, and nursing representatives) – leaders will be asked to report on their area's compliance rates. PR: VCUHS Security Director, Security Manager, and Behavioral Health Specialist supervisors will continue to debrief, monitor and provide coaching to Behavioral Health Specialists weekly as part of the monitoring process. PR: A Quality Assurance Video Review Group formed to help monitor and intervene and educate in real time if/when situations arise that may require a level of coaching. By what date you will have each planned corrective action completed. TOVA training completed 6/7/2022 OHR/OLR) Accepted 07/11/2022	
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: CHRIS Abuse #20220036 / Incident date: 5.7.22 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the	PR) 07/07/2022 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. Employee #1: PR: Medical Director met with provider and reviewed performance expectations	7/7/2022

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		department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. - Upon review of CHRIS entry A-20220036, the provider's investigation revealed that Employee #2 utilized a physical hold that is not in compliance with VCUHS Restraint and Seclusion Policy (PC.PS.004) and abuse was found. Based on preponderance of evidence, Employee #2 failed to ensure the health and safety of Individual #1. CHRIS Abuse #20220038 / Incident date: 5.11.22 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. - Upon review of CHRIS entry A-20220038, the provider's investigation determined Employee #3 and Employee #4 failed to use approved technique compliance with VCUHS Restraint and Seclusion Policy (PC.PS.004) and abuse was found. Based on preponderance of evidence, Employee #3 and Employee #4 failed to ensure the health and safety of Individual #1.	around holds and restraints. Employee signed memo of understanding and agreed to enroll in TOVA training. Employee signed memo of understanding that he was not to provide any restraints or holds until the training is received (TOVA training completed 6/7/2022) or provide care of the patient that was restrained inappropriately, directly or indirectly. In addition, the employee only provided patient care in areas with other team members around until TOVA training was complete. Employee #3 and Employee #4: PR: On May 7, 2022 Behavioral Health Specialists failed to use approved technique compliance with VCUHS Restraint and Seclusion Policy (PC.PS.004) resulting in inappropriate de-escalation technique. Patient became dysregulated, blocked the door preventing Occupational Therapeutic team members from exiting room. Three Behavioral Health Specialists intervened to de-escalate the situation; however, two Behavioral Health Specialists were seen pushing/shoving patient with both hands in an attempt to prevent patient leaving separate care. PR: Upon notification of the incident and during the investigation, Security leadership (Director of Safety & Security, Security Operations Manager, and Interim Security Operations Supervisor) communicated and debriefed with Employee #3 and Employee #4 and reassigned them to a separate VCU Health location pending the outcome of the investigation. An in-depth debrief of the incident in question occurred with each individual, including and facilitated by Security leadership. Both Employee #3 and Employee #4 shared their insights regarding how the situation escalated, and their intent to try and protect both	

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			will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). PR: Data on TOVA training compliance will be reviewed monthly in the VTCC Safety Committee meeting (committee includes Nursing Director, provider, and nursing representatives) – leaders will be asked to report on their area's compliance rates. PR: VCUHS Security Director, Security Manager, and Behavioral Health Specialist supervisors will continue to debrief, monitor and provide coaching to Behavioral Health Specialists weekly as part of the monitoring process. PR: A Quality Assurance Video Review Group formed to help monitor and intervene and educate in real time if/when situations arise that may require a level of coaching. By what date you will have each planned corrective action completed. July 7, 2022 OHR/OLR) Accepted 07/11/2022	

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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				