

**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: 07-20-2022

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) 07/28/2022 Provide a statement of the issue that led to non-compliance and state <u>how you corrected/will correct</u> the deficient practice in this specific violation. PR) Patient received the wrong medication dose; specifically the nurse administered 0.5 mg of the medication which was ordered for 1.0 mg to this patient. Registered Nurse pulled the 1.0 mg of Tenex from the Pyxis and used the pill cutter to cut the medication in half. Registered Nurse states she thought the order she saw was for 0.5 mg of Tenex, not 1.0 mg of Tenex. Registered Nurse completed the barcode scanning for administration of the medication, and when the dose popped up on the screen as 1.0 mg she changed it to 0.5 mg manually and proceeded to administer the medication. Prior to administration, the Registered Nurse did complete vital signs including blood pressure and pulse which did not automatically transfer over from the EPIC flowsheet because the order was not entered with parameters for BP/pulse. Registered Nurse was given verbal counseling by the Nurse Manager on June 28th, 2022 including remediation on not changing the doses of medications without an MD order. Include a plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. PR) All registered nurses were reminded to follow the medication administration policy	7/29/2022

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			verbally and were asked to read the policy and sign an attestation form. An email was sent with this information also. This was discussed at the biweekly staff meeting on June 29th, 2022 at 7:30 am. SBAR was completed asking for systemic organizational leadership to review and halt the ability for nurses to make changes manually to medication doses during administration. PR) The Epic Electronic Medical Record was updated to now require providers to include a comment in administration instructions Clonidine, Guanfadine, and Prazosin stating, "If blood pressure less than 90/50, heart rate is less than 50 bpm, or patient is symptomatic. requirement to enter parameters for blood pressure." 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) Monthly medication administration barcode scanning compliance audits will be completed by the nurse manager. Medication administration monthly barcode scanning compliance audits will be ongoing completed monthly until January 2023. OLR) Accepted 08/04/2022	
12VAC35-115-50. B. (2) - In receiving all services, each individual has the	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by:	PR) 07/28/2022 Provide a statement of the issue that led to non-compliance and state how you	7/29/2022

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right to: 2. Be protected from harm including abuse, neglect, and exploitation.		"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry A-20220045, the provider's investigation determined Employee #1 administered the wrong dose of Medication #1 to Individual #1 and neglect was found. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	corrected/will correct the deficient practice in this specific violation. PR) Patient received the wrong medication dose; specifically the nurse administered 0.5 mg of the medication which was ordered for 1.0 mg to this patient. Registered Nurse pulled the 1.0 mg of Tenex from the Pyxis and used the pill cutter to cut the medication in half. Registered Nurse states she thought the order she saw was for 0.5 mg of Tenex, not 1.0 mg of Tenex. Registered Nurse completed the barcode scanning for administration of the medication, and when the dose popped up on the screen as 1.0 mg she changed it to 0.5 mg manually and proceeded to administer the medication. Prior to administration, the Registered Nurse did complete vital signs including blood pressure and pulse which did not automatically transfer over from the EPIC flowsheet because the order was not entered with parameters for BP/pulse. Registered Nurse was given verbal counseling by the Nurse Manager on June 28th, 2022 including remediation on not changing the doses of medications without an MD order.	

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			Include a plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. PR) All registered nurses were reminded to follow the medication administration policy verbally and were asked to read the policy and sign an attestation form. An email was sent with this information also. This was discussed at the biweekly staff meeting on June 29th, 2022 at 7:30 am. SBAR was completed asking for systemic organizational leadership to review and halt the ability for nurses to make changes manually to medication doses during administration. PR) The Epic Electronic Medical Record was updated to now require providers to include a comment in administration instructions Clonidine, Guanfadine, and Prazosin stating, "If blood pressure less than 90/50, heart rate is less than 50 bpm, or patient is symptomatic. requirement to enter parameters for blood pressure." 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 <u>frequency for monitoring the plan including how it will be monitored</u> (Ex: monthly audits, weekly chart reviews, daily checklist). PR) Monthly medication administration barcode scanning compliance audits will be completed by the nurse manager. Medication administration monthly barcode scanning compliance audits will be ongoing completed monthly until January 2023. OHR/OLR) Accepted 07/29/2022	

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