

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

Page: 1 of 4

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 12-15-2022

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.		
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: "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. Provider substantiated neglect based on the following: • Upon review of CHRIS entry A-20220072, the provider's investigation substantiated Neglect based on: ◦ Employee #1 admitted to the medication error due to getting distracted with multiple emergencies. ◦ Individual #1 was admitted on 12/1/2022 for services after reportedly overdosing on Medication #1. ◦ Individual #1 was then prescribed and given Medication #1 on 12/2/2022 at 09:25am after	PR) 12/27/2022 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. PR). Staff failed to prescribe and ensure safe medication management services resulting in Medication Error as outlined in VCUHS Medication Error Policy PH.MS. 003- any preventable event that may cause inappropriate medication use or endanger patient safety. PR). There is an order in Epic to continue home medication. Employee #1 did not "unclick" the medication from the whole list due to getting distracted by multiple emergencies. PR). Individual #1 was admitted 12/1/2022 after reportedly overdosing on Medication #1 (half bottle/unknown number). Individual #1 was then prescribed and given Medication #1 on 12/2/2022 at 09:25am. Medication #1 was given by a Registered Nurse as prescribed by Individual #1. The order was held after it was given. Later medication was discontinued by the	01/31/2023 00:00:00

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Page: 2 of 4

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		having reportedly overdosed using the same medication the previous day. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	Primary Attending. PR). Employee #1 was given verbal and written counseling on December 6, 2022, by the Division Chief, Child and Adolescent Psychiatry. During this counseling, the Division Chief and Employee #1 reviewed different medication classes and ways to respond to overdoses (some medications need to be held, while others have to be weaned off). Employee #1 was reminded to reach out to on-call attending with questions regarding overdoses. 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). The Division Chief, Child & Adolescent Psychiatry has implemented a change in admission process for Employee #1. The Provider will complete an End of Shift Checklist on all admitted patients at the end of every shift. This checklist assesses if the patient overdosed and if medications are restarted. The Medical Director will be reviewing the checklist every morning after the provider's shift to make sure there are no similar medication errors. Provided there is consistent compliance over this time period, this review will occur for three months, then periodically thereafter as needed. PR). Employee #1 was reminded to review Epic orders prior to signing them to prevent automatic prescription of home medications at the hospital, follow evidence-based practice for medication prescription, and adhere to current policy and	

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Page: 3 of 4

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			procedure following guidelines under VCUHS Medication Administration Policy PH.AD.009 to ensure proper efforts are utilized to improve safe prescribing of patients' medications. PR). Management at Virginia Treatment Center for Children has adopted a Safety Committee held monthly and a Medication Safety Workgroup held bi-weekly. Both groups prioritize, discuss, analyze, and plan ways to reduce safety events at VTCC which includes medication errors by providing solutions for safety concerns. In addition, leadership will continue to implement VCU Health System current policy and procedure following guidelines under VCUHS Medication Administration Policy PH.AD.009 to ensure proper efforts are utilized to improve safe prescribing of patient medication. 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). The Medical Director will be reviewing the checklist every morning after Employee #1's shift to make sure there are no similar medication errors. Provided there is consistent compliance over this time period, this review will occur for three months, then periodically thereafter as needed. PR). Every day, every admission is reviewed by the Primary Attending and/or the Attending on-	

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			call and if there are any concerns the Division Chief is notified and makes recommendations. Additionally, the Division Chief for Child and Adolescent Psychiatry reviews select charts weekly. OHR/OLR) Accepted 01/03/2023	

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.

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined