

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

Page: 1 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: See OHR citation.		5/22/2023
12VAC35-115-50. A. - Each individual has a right to exercise his legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in this chapter, except as specifically limited in this chapter or otherwise by law. Each individual has a right to have services that he receives respond to his needs and preferences and be person-centered. Each individual also	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Each individual has a right to exercise his legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in this chapter, except as specifically limited in this chapter or otherwise by law. Each individual has a right to have services that he receives respond to his needs and preferences and be person-centered. Each individual also has the right to be protected, respected, and supported in exercising these rights. Providers shall not partially or totally take away or limit these rights solely because an individual has a mental health or substance use disorder or an intellectual disability and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility. As a result of the CRLHRC findings and recommendations,	PR) 04/10/2023 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. For patient and team member safety, VHSA/VTCC previously placed mattress of patients on suicide risk status in doorways to increase visibility of patients by team members overnight. This placement was in place due to risk to team members sitting with patients in dim lighting and to ensure any patient on suicide risk status is in line of site, no more than 6' away from the monitor. The goal of this practice was to aid in comfort and safety, not to limit or restrict patients. These practices were adaptive to the needs of individual patients and used to assist them to a state of emotional and	5/22/2023

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

Page: 2 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
has the right to be protected, respected, and supported in exercising these rights. Providers shall not partially or totally take away or limit these rights solely because an individual has a mental health or substance use disorder or an intellectual disability and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communication or mobility.		a violation was found: Petitioner's Exhibit 196 (Individual #1's statement) and the finding of CHRIS Complaint #C-20220002 in which VCUHSA's finding confirms a "partial" violation of this regulation.	behavioral stability. VCUHSA/VTCC patients will no longer sleep on mattresses on the floor for any purposes. 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. To ensure patient safety, team members will continue to complete 15-minute checks of moderate suicide risk patients. If patients wake up to use the restroom, they will be accompanied to the bathroom. The patient door will be open overnight to ensure team members can visualize them while they are sleeping. Environment of care safety checks are completed twice per day. Team members have received flashlights to carry on their person to visualize patients at night without waking them up. For high risk suicide patients, a 1:1 Monitor will be present with the patient. The guideline, "Psychiatry Suicide Levels of Care" will be updated to reflect this change. In addition, the Nurse Clinician and Nurse Educator will update team members about the new process through verbal discussion and team members will sign an attestation of understanding. 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). Auditing to ensure compliance with the process will occur through nightly rounding by the Charge	

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

Page: 3 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			Nurse. Auditing will occur until 3 consecutive months of 100% compliance is noted, then quarterly thereafter for one year. Audit results will be presented to the interdisciplinary Department of Psychiatry QAPI Committee OHR/OLR) Accepted 04/18/2023	
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. As a result of the CRLHRC findings and recommendations, neglect was found: Petitioner's Exhibit GYM-2019-22 (video recording), revealed that the staff had their back facing the individuals during the peer-to-peer aggression event. Based on preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	PR) 04/10/2023 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. Prior to July 2022, team member training on de-escalation was not as comprehensive as the current MANDT training in covering various skills used to monitor patients, maintain their safety, and meet their needs through enhanced situational awareness. With the transition, time spent in training changed from 8 hours to 22 hours and is much more in depth. 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. VCUHSA/VTCC transitioned to a new de-escalation model in July 2022, which includes education on staff attentiveness to and monitoring of patients. All inpatient team members at VTCC complete de-escalation training (The MANDT System) upon orientation and annually thereafter. This training includes prevention and management of crisis events such as peer-to-peer assaults. For direct care nursing staff, the initial training includes	7/30/2022

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

Page: 4 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			relationships, communication, conflict resolution, physical/technical skills, positive behavior support (PBIS), and trauma. Specific skills are taught through de-escalation training which provide the foundation for patient safety. Recognize, Assess, Decide, Act, and Review the Results (R.A.D.A.R) is one skill used to monitor patients, maintain their safety, and meet their needs through enhanced situational awareness. Team members use their R.A.D.A.R skills in order to heighten awareness of patients and their actions along with their environment. In addition, team members use R.A.D.A.R. to keep up with patients, maintain their safety and meet their needs. The "Recognize" aspect of R.A.D.A.R specifically focuses on teaching team members to be aware of their environment and recognizing any potential dangers. It entails paying attention to both their senses and their "gut" feelings, which includes focusing on patients (not turning their back to patients). In addition, team members learn about avoiding distractions, such as cell phone use. Include Staff by Title who will monitor the 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). MANDT skills are reinforced though quarterly skills trainings, review in staff meetings, and during debriefings. The Nurse Manager, Nurse Clinician, and MANDT instructors audit for compliance through rounding on the units to validate team members are using their	

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

Page: 5 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			R.A.D.A.R skills. This process was implemented in July 2022. Auditing for will occur until 3 consecutive months of 100% compliance is noted, then quarterly thereafter for one year. Audit results will be presented to the interdisciplinary Department of Psychiatry QAPI Committee. OHR/OLR) Accepted 04/18/2023	
12VAC35-115-50. C. (8a) - In services provided in residential and inpatient settings, each individual has the right to: 8. Have or refuse visitors. 8a. An individual's access to visitors may be limited or supervised only when, in the judgment of a licensed professional, the visits result in demonstrable harm to the individual or significantly affect the individual's treatment or when the visitors are suspected of bringing contraband or threatening harm to the individual in any other way.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: An individual's access to visitors may be limited or supervised only when, in the judgment of a licensed professional, the visits result in demonstrable harm to the individual or significantly affect the individual's treatment or when the visitors are suspected of bringing contraband or threatening harm to the individual in any other way. As a result of the CRLHRC findings and recommendations, a violation was found: Petitioner's Per Exhibit 191 (AR's written statement), item #5 of the AR for Individual #1's statement, the AR for Individual #1 was denied access to Individual #1. No factual evidence was provided by the representative for VCUHSA to the contrary of the statement of the AR of Individual #1.	PR) 04/10/2023 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. VCUHSA/VTCC Team members had confusion over the VTCC visitation policy. The Nurse Director, Nurse Director, and Nurse Manager will review the visitation policy together with clinical team members to ensure understanding. 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. VCUHSA/VTCC visitation hours are from 8am-8pm. After 8pm, the authorized representative, legal AR, or substitute decision maker may spend the night. The VTCC Visitation policy states, "Legal Guardians, Parents, or their Designees may visit at any time in the patient care areas." "If there are any restrictions on visitation due to safety or clinical reasons determined by the Treatment Team there must be an order, notification to the Office of Human Rights prior to implementation, and review by the Treatment Team." These policy statements align	5/22/2023

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

Page: 6 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			with 12VAC35-115-50.Dignity, section B.1. The VTCC Visitation Policy is included in the informational packet given to patients and their Authorized Representatives upon admission. Team members will be educated on this policy through reading and signing attestation of understanding. 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). The Nurse Director, Nurse Manager, and Charge Nurse audit effectiveness of this corrective action through verifying visitation is occurring per policy through rounding. Auditing will occur until 3 consecutive months of 100% compliance is noted, then quarterly thereafter for one year. Audit results will be presented to the interdisciplinary Department of Psychiatry QAPI Committee. OHR/OLR) Accepted 04/18/2023	
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent. As a result of the CRLHRC findings and recommendations, a violation was found:	PR) 04/10/2023 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. Visitation: It was determined there was VCUHSA/VTCC team member confusion around the VTCC visitation policy. The Nurse Director, Nurse Director, and Nurse Manager will review the visitation policy together with clinical	5/22/2023

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

Page: 7 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
		- Petitioner's Per Exhibit 191 (AR's written statement), item #5 of the AR for Individual #1's statement, the AR for Individual #1 was denied access to Individual #1. No factual evidence was provided by the representative for VCUHSA to the contrary of the statement of the AR of Individual #1. - Per Petitioner's Exhibit 167 (Significant Event documentation dated 9/24/2019), Page 157 of 174 states Individual #1 fell from their seat and hit their head. Exhibit 168 (Significant Event documentation dated 9/24/2019) contains conflicting information regarding this event.	team members to ensure understanding. Documentation: At the time of this event, the Nurse and Mental Health Partner orientation did not include a specific carve-out for documentation standards. Instead, this was covered through observation and learning underneath the preceptor. Since the time of the , the VCUHSA/VTCC Nurse Clinician has added training about medical record documentation standards to Nurse and Mental Health Partner orientation. <u>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.</u> Visitation: VCUHSA/VTCC visitation hours are from 8am-8pm. After 8pm, the authorized representative, legal AR, or substitute decision maker may spend the night. The VTCC Visitation policy states, "Legal Guardians, Parents, or their Designees may visit at any time in the patient care areas." "If there are any restrictions on visitation due to safety or clinical reasons determined by the Treatment Team there must be an order, notification to the Office of Human Rights prior to implementation, and review by the Treatment Team." These policy statements align with 12VAC35-115-50.Dignity, section B.1. Team members will be educated on this policy through reading and signing attestation of understanding. Documentation:	

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

Page: 8 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			The VCUHSA/VTCC Nurse Clinician has added training about medical record documentation standards to Nurse and Mental Health Partner orientation. This education includes principals on factual, accurate, complete, and timely documentation. The Nurse Clinician will also ensure that existing nurses receive this same education. Furthermore, Medical Providers receive weekly emails from the Chief Medical Information Officer regarding updates to documentation in the electronic medical record. All team members underwent training on documentation with the current electronic medical record system (EPIC) in December 2021. The VCUHSA policy, "Documentation – Entries in the Medical Record" states, "All entries in the medical record are made in a timely manner, be legible, timed, dated, and authenticated according to regulations, standards and policies." The VTCC Nurse Director shared information on these policy requirements along with Department of Behavioral Health and Developmental Services, and ACAAP information on the 21st Century Cures Act with all Nurses and Providers on October 28, 2022. T 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). Visitation: The Nurse Director, Nurse Manager, and Charge Nurse will verify visitation is occurring per policy through rounding.	

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

Page: 9 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			Documentation: The Nurse Clinician will perform random audits on medical records to validate significant event note completion. These actions will be completed by May 22, 2023. Auditing for both items will occur until 3 consecutive months of 100% compliance is noted, then quarterly thereafter for one year. Audit results will be presented to the interdisciplinary Department of Psychiatry QAPI Committee. OHR/OLR) Accepted 04/18/2023	
12VAC35-115-70. A. (1c) - Each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him. This includes the right to: 1. Consent or not consent to receive or participate in services: 1c. The individual's services record shall include the signature or other indication of the individual's or his authorized representative's consent.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: The individual's services record shall include evidence that the individual has participated in the development of his ISP and discharge plan, in changes to these plans, and in all other significant aspects of his treatment and services; and the individual's services record shall include the signature or other indication of the individual's or his authorized representative's consent. As a result of the CRLHRC findings and recommendations, a violation was found: There was no evidence presented to confirm VCUHSA obtained consent from the AR of Individual #1 regarding medication changes.	PR) 03/31/2023 Provide a statement of the issue that led to non-compliance and state <u>how you corrected/will correct the deficient practice in this specific violation.</u> VCUHSA/VTCC did not obtain consent from the AR regarding medication changes. Consent was obtained for Psychotropic medications; however, it was missing the maximum dose agreed to by the AR. VCUHSA/VTCC will implement the notification of authorized representatives, legal ARs, and substitute decision makers of any medication changes, and document this notification within the services record. In addition, the medication consent did not include maximum dosage on the form. <u>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.</u> VCUHSA/VTCC will update the Medication	5/22/2023

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

Page: 10 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			Consent form to provide clear indication of the maximum dose consented to by the authorized representative, legal AR, or substitute decision maker. The Risk Manager and VTCC Clinical Pharmacist will add specific weight base dosage with a maximum dose to the Medication Consent Form. The Risk Manager will share these consent form changes along with steps to proper completion of the form with providers. This modification aligns with the VCUHSA/VTCC Patient Rights policy, which states, "Each patient has the right to give or not give informed consent to receive or participate in treatment or services that pose a risk of harm greater than ordinarily encountered in daily life such as electroconvulsive treatment, Transcranial Magnetic Stimulation, or the use of psychotropic medication. 5.1) Except in a behavioral emergency when there is an imminent risk of patient harm or injury to themselves or others, psychotropic medication is administered only after the patient/legal guardian have been fully advised of the risks, benefits, possible alternative treatments, and food/drug interactions, and have given informed consent." In addition, VCUHSA/VTCC will implement the notification of authorized representatives, legal ARs, and substitute decision makers of any medication changes, and document this notification within the services record. The VCUHSA/VTCC Medical Director will meet with all VTCC providers to review the updated process of notifying authorized representatives, legal ARs, and substitute decision makers of any medication changes, and document this notification with the services record. Providers will attest to understanding this process. The VCUHSA/VTCC Medical Director and Nurse	

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

Page: 11 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
			Director will develop an attachment to the overall Health System policy on Medication Management that speaks to the specific processes at VTCC, to include notification of authorized representatives, legal ARs, and substitute decision makers of any medication changes. This process will be fully implemented by April 28, 2023. 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). The VCUHSA/VTCC Nurse Clinician will complete monthly audits of the completed consent forms to validate specific weight base dosage with a maximum dose is included on the Medication Consent Form. In addition, the VCUHSA/VTCC Medical Director will complete random monthly audits of the medical record to validate that notification and of authorized representatives, legal ARs, and substitute decision makers of any medication changes and documentation of this notification within the services record is occurring as implemented. OHR/OLR) Accepted 04/18/2023	

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

Page: 12 of 12

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-26-2023

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>
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.				
_____ Andrea Milhouse, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				