

**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: 09-27-2023

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>
12VAC35-105-150. (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.		
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-20230042, the provider's investigation determined Neglect was substantiated. ◦ Employee #1 administered the wrong medication to Individual #1. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 10/03/2023 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: Patient received the wrong medication. The medication error occurred when the nurse did not follow the medication administration barcode scanning protocol and 6 rights of medication administration. Employee #1 scanned both the patient armband and medication, however failed to review that this information matched in the EHR on the rover device before administering the medication to the patient. There was an alert on Rover (the IT application that displays relevant medication advisories at the point of care showing this was the wrong medication and should not be administered). 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.	10/13/2023 00:00:00

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			PR: The RN who made the medication error received written counseling which included the following corrective actions: • RN will enroll and complete the "Administering Medications in Rover" learning in Workday by 10/13/2023. • RN will have 2 random/unannounced medication observations performed by Nurse Clinician by 10/13/2023. If practice is deemed unsatisfactory in any observation, further professional development interventions and/or corrective action will ensue. 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 audits will be completed for monitoring the medication administration process. • Monthly medication administration barcode scanning compliance audits will be completed by the nurse manager. • Monthly overridden BPA alerts in the MAR compliance audits will be completed by the nurse clinician. PR: Corrective actions for the nurse will be completed by 10/13/2023. Monthly medication scanning and BPA alert audits will be ongoing until 100% compliance has been met for three consecutive months. OHR/OLR) Accepted 10/03/2023	

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