

**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: 12-07-2023

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-20230026, the provider's investigation determined Neglect was substantiated. - staff handed the patient the bag of scrub which contained the allergic ingredient. Individual #1 never came into contact with the contents in the bag but did touch the outside of the bag. Based on preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	PR) 01/05/2024 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: On April 5th, 2023: A Mental Health Partner (MHP), provided the patient with a sugar scrub made during a group therapeutic activity where almond oil was provided as a material. The patient was not initially present for the therapeutic activity and was unaware of the DIY scrub contents including almond oil. The MHP was unable to visualize patient allergies in the medical record on the Rover device before providing the sugar scrub to the patient. The patient had a known peanut/tree nut allergy and subsequently reported tingling/numbness of hands upon being handed the bag that contained the substance. The patient did not touch the actual scrub, only the outside of the plastic bag where it is presumed that almond oil may have been present. Include a plan of action to address <u>systematic changes (process/protocols, etc)</u>	02/28/2024 00:00:00

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			that have been or will be implemented to ensure you remain in compliance of the regulation. PR: - Nurses are already assigned aromatherapy competencies during new hire orientation; MHPs will now also be assigned the same competency beginning 12/6/2023. - MHPs were unable to visualize patient allergies on the Rover devices they use to view the electronic medical record. An IT request to modify the electronic record to show patient allergies on the Rover devices was submitted and completed by 11/7/2023. - The allergy concern was brought forward to the VTCC Safety Committee on 12/8/2023 for discussion after the Office of Human Rights re-opened this case and asked for verification of all corrective actions taken to be submitted to their office by 12/7/23. A Safety Committee workgroup was formed on 12/8/23 to review the use of aromatherapy/essential oils to develop interprofessional guidelines for use. 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:	

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			- The Nurse Clinician will complete weekly rounds to ensure that all MHPs are utilizing new Rover device functionality. - The Director of Quality will meet weekly with the interprofessional workgroup to ensure that guidelines are being developed timely and an appropriate education plan is completed. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). PR: - All VTCC Nurses and MHPs will complete the VCU Health System aromatherapy competency by 2/28/2024. - Viewing patient allergies in the electronic medical record on the Rover devices was completed by 11/1/2023. OHR/OLR) Accepted 01/09/2024	

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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				