

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

Page: 1 of 3

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 05-02-2024

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.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: Provider substantiated violation based on the following: - Upon review of CHRIS entry A-20240020, the provider's investigation determined a violation was substantiated. - Staff failure to follow VCU Health System (PH.AD.009) Medication Administration policy to ensure care provided is aligned with the Individual Plan of Care. Based on the preponderance of evidence, the staff failed to ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice.	PR) 05/24/2024 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: On 4/21/2024, a recently hired RN administered two tablets of a patient's medication that was brought from home without a VTCC doctor's order and before the medication was verified by pharmacy. The patient was admitted in the evening and the guardian requested that the patient to receive this medication on admission. Pharmacy was not available at this time to process the medication due to being after 4:30 pm. The actions of the team member were not in accordance with VCUHS Policy or VTCC protocols. No harm was caused to the patient. A CHRIS Report was entered on discovery of the administration. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in	06/29/2024 00:00:00

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

Page: 2 of 3

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 05-02-2024

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>
			compliance of the regulation PR: The RN was counselled on 4/22/2024 regarding utilizing appropriate policies and procedures in the Medication Administration Policy. The RN was also counselled on appropriate escalation of concerns and where the Clinical Administrator may be helpful in resolving atypical after hour issues. The RN reviewed policies and procedures on Medication Administration, Medication Orders, Automatic Drug Dispensing System, Medication Errors, Barcode Administration, Six Rights of Medication Administration, and Safe Medication Administration Practices (Lippincott document). RN signed an acknowledgment of completion of review of these documents on 5/22/2024. The RN will complete a random medication administration observation and verbalize the correct process for managing patients home medications to the Nurse Clinician by 6/22/2024 PR: All RNs will demonstrate the ability to manage patient's medications from home as part of Annual Competencies due on 6/29/24. The demonstration will include verbalizing policies and protocol for managing home medication, use of appropriate documentation and how to leverage the electronic health record in managing home medications. 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,	

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

Page: 3 of 3

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 05-02-2024

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>
			daily checklist). PR: The Nurse Clinician will utilize internal error reporting systems to track any further medication errors related to administration of home medications. Medication errors are reviewed weekly in CHRIS Report Meetings and monthly in Medication Safety meetings. The Nurse Clinician will utilize audits to verify that all RNs demonstrate the ability to manage patients' medications from home. Audits will be conducted from 6/23/24-9/23/24. OHR/OLR) Accepted 05/30/2024	

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