

**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: 08-19-2024

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.		12/31/2024
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-20240028, the provider's investigation determined Neglect was substantiated based on witness statements and video footage review. ◦ Individual #1 was left unsupervised from 4pm to 450pm. Because there was no supervision provided in accordance with policy and ISP, there was evidence to support neglect as the observation is in place to ensure safety and failing to do may result in harm. ◦ Employee #1 and Employee #2 unknowingly	PR) 09/11/2024 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: Noncompliance: On August 2, 2024, a patient was left unattended in their bedroom for 50 minutes. Q 15-minute checks were incorrectly documented for this patient in the medical record. • Team members directly involved in the incident were verbally counselled by the Clinical Coordinator at the time the incident occurred. • The Nurse Clinician and Nurse manager discussed safe monitoring practices and	12/31/2024

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		left Individual #1 in their bedroom on the pod sleeping. Employee #1 and Employee #2 assumed Individual #1 was included with the other patients that were gathered for the transition to recreational therapy. However, around 450pm, the team members realized that Individual #1 was not in the recreational therapy group with the other patients. Based on preponderance of evidence, Employee #1 and Employee #2 failed to ensure the health and safety of Individual #1.	expectations with team members at a staff meeting on 8/13/2024. - The provider and parents were notified by the RN caring for this patient, there was no harm to the patient. 2. <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> PR: - All Registered Nurses and Mental Health Partners will receive individual education by either the Nurse Clinician or the Nurse Manager and sign an attestation to document their understanding of safe monitoring practices education as part of their annual evaluation process. - Clinical Coordinators and Charge Nurses will continue every 2-hour intentional rounding to ensure compliance with correct and safe monitoring of patients. - All team members were reminded to follow the patient monitoring	

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			policy by the Nurse Manager and Nurse Clinician at the nursing staff meeting on August 13, 2024 @ 08:00 am. This discussion included monitoring all patients per physician orders and prescribed safety protocols, ensuring patient rounds are completed and documented at a minimum of every 15 minutes for all patients, and ensuring direct visualization of each patient occurs as part of the patient monitoring and rounding process. 3. 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). PR: - The Nurse Manager will confirm that all nursing staff have signed the safe practices attestation by 10/1/2024. - Clinical Coordinators and Charge Nurses will continue every 2-hour	

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			intentional rounding to ensure compliance with correct and safe monitoring of patients until December 31, 2024. • Random audits of the Clinical Coordinator/ Charge Nurse safety rounds for fidelity to be completed by Nurse Manager and/or designee monthly until December 31, 2024. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). PR: • The Nurse Manager will confirm that all nursing staff have signed the attestation by 10/1/2024. • Clinical Coordinators and Charge Nurses will continue every 2-hour intentional rounding to ensure compliance with correct and safe monitoring of patients until December 31, 2024. • Random audits of the Clinical Coordinator/ Charge Nurse safety rounds for fidelity to be completed by Nurse Manager and/or	

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			designee monthly until December 31, 2024	
			OHR/OLR) Accepted 09/12/2024	
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: Upon review of CHRIS entry A-20240028, the provider's investigation determined staff documented 15 minute checks were made which did not occur. This is in violation of the provider's Monitoring Policy.	PR) 09/11/2024 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: Noncompliance: On August 2, 2024, a patient was left unattended in their bedroom for 50 minutes. Q 15-minute checks were incorrectly documented for this patient in the medical record. - Team members directly involved in the incident were verbally counselled by the Clinical Coordinator at the time the incident occurred. - The Nurse Clinician and Nurse manager discussed safe monitoring practices and expectations with team members at a staff meeting on 8/13/2024. - The provider and parents were notified by the RN caring for this patient, there was no harm to the	12/31/2024

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			patient. 2. 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. PR: • All Registered Nurses and Mental Health Partners will receive individual education by either the Nurse Clinician or the Nurse Manager and sign an attestation to document their understanding of safe monitoring practices education as part of their annual evaluation process. • Clinical Coordinators and Charge Nurses will continue every 2-hour intentional rounding to ensure compliance with correct and safe monitoring of patients. • All team members were reminded to follow the patient monitoring policy by the Nurse Manager and Nurse Clinician at the nursing staff meeting on August 13, 2024 @ 08:00 am. This discussion included monitoring all patients per	

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			physician orders and prescribed safety protocols, ensuring patient rounds are completed and documented at a minimum of every 15 minutes for all patients, and ensuring direct visualization of each patient occurs as part of the patient monitoring and rounding process. 3. 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). PR: - The Nurse Manager will confirm that all nursing staff have signed the safe practices attestation by 10/1/2024. - Clinical Coordinators and Charge Nurses will continue every 2-hour intentional rounding to ensure compliance with correct and safe monitoring of patients until December 31, 2024. - Random audits of the Clinical	

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			Coordinator/ Charge Nurse safety rounds for fidelity to be completed by Nurse Manager and/or designee monthly until December 31, 2024. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). PR: • The Nurse Manager will confirm that all nursing staff have signed the attestation by 10/1/2024. • Clinical Coordinators and Charge Nurses will continue every 2-hour intentional rounding to ensure compliance with correct and safe monitoring of patients until December 31, 2024. • Random audits of the Clinical Coordinator/ Charge Nurse safety rounds for fidelity to be completed by Nurse Manager and/or designee monthly until December 31, 2024 OHR/OLR) Accepted 09/12/2024	

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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