

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

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License #: 2713-04-005

Organization Name: Riverside Mental Health & Recovery Center

Date of Inspection: 01-09-2023

Program Type/Facility Name: 04-005 Riverside Mental Health & Recovery

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-665. A. (1) - The comprehensive ISP shall be based on the individual's needs, strengths, abilities, personal preferences, goals, and natural supports identified in the assessment. The ISP shall include: 1. Relevant and attainable goals, measurable objectives, and specific strategies for addressing each need;	N	Riverside Behavioral, Inc. This regulation was NOT MET as evidenced by: Individualized treatment plan/ISP for Individual #1 did not include any measurable objectives for plan initiated on 1/2/23. Individualized treatment plan/ISP for Individual #2 did not include any measurable objectives for plan initiated on 1/3/23.	PR) 03/14/2023 1. The following actions have been taken or will be taken by the Hospital President, Nurse Executive, Director of Operations, Quality Director, and Clinical Director. 2. The Hospital President, Nurse Executive, Clinical Director, and Quality Director reviewed the non-conformity report when it was received to identify opportunities. 3. The Nurse Executive, Clinical Director, Quality Director, and electronic medical record team reviewed treatment plan best practices with other facility using same electronic medical record. 4. The Nurse Executive and Clinical Director collaborated with electronic medical record information technology team and Quality Director to review and revise documentation of measurable objectives and patient/legal guardian signature within the treatment plan following best practices. The proposed revisions were approved by the Hospital President during March 7, 2023 meeting. 5. Treatment team policy/procedure was revised to increase clarity of treatment plan development and documentation. 6. Revised measurable objective documentation within the electronic medical record will go-live on April 18, 2023. Sample of treatment plan including staff and patient objectives is attached. 7. Staff education concerning revised measurable objective documentation within electronic medical record will occur prior to go-live date. 8. The treatment plan will be monitored for documentation of measurable objectives and compliance reported out at quality	4/18/2023

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			committee meetings. OLR) Accepted 03/23/2023	
12VAC35-105-665. B. - The ISP shall be signed and dated at a minimum by the person responsible for implementing the plan and the individual receiving services or the authorized representative in order to document agreement. If the signature of the individual receiving services or the authorized representative cannot be obtained, the provider shall document attempts to obtain the necessary signature and the reason why he was unable to obtain it. The ISP shall be distributed to the individual and others authorized to receive it.	N	Riverside Behavioral, Inc. This regulation was NOT MET as evidenced by: ISP/Treatment plan for initiated on 1/2/23 for Individual #1 was not signed by the individual and/or guardian and no documentation of attempts to obtain signature and reason why was documented in Provider's electronic Health record at time of inspection.. ISP/Treatment plan for initiated on 1/3/23 for Individual #2 was not signed by the individual and/or guardian and no documentation of attempts to obtain signature and reason why was documented in Provider's electronic Health record at time of inspection.	PR) 03/14/2023 1. The following actions have been taken or will be taken by the Hospital President, Nurse Executive, Director of Operations, Quality Director, and Clinical Director. 2. The Hospital President, Nurse Executive, Clinical Director, and Quality Director reviewed the non-conformity report when it was received to identify opportunities. 3. The Nurse Executive, Clinical Director, Quality Director, and electronic medical record team reviewed treatment plan best practices with other facility using same electronic medical record. 4. The Nurse Executive and Clinical Director collaborated with electronic medical record information technology team and Quality Director to review and revise documentation of measurable objectives and patient/legal guardian signature within the treatment plan following best practices. The proposed revisions were approved by the Hospital President during March 7, 2023 meeting. 5. Treatment team policy/procedure was revised to increase clarity of treatment plan development and documentation. 6. Revised measurable objective documentation within the electronic medical record will go live on April 18, 2023. 7. Staff education concerning revised measurable objective documentation and obtaining patient/legal guardian signature within electronic medical record will occur prior to go-live date. 8. Interim document signature by	4/18/2023

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			patient/legal guardian process of printing treatment plan, patient/legal guardian signature on paper copy, and then scanning signed document into electronic medical record is in place. 9. The treatment plan will be monitored for documentation of measurable objectives and patient/legal guardian signature and compliance reported out at quality committee meetings. OLR) Accepted 03/23/2023	

General Comments / Recommendations:

Recommend all new hires have DBHDS updated disclosure statement maintained in the Provider's electronic health record and all required attachments.

Recommend additional training instruction/refresher in the area of ISP development to ensure all components of the Person-Centered treatment plan is addressed.

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.

Sherry Woodard, Licensing Specialist

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined