DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **132**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-19-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-940. D. (3) - The provider shall develop and implement written policies and procedures governing use of physical restraint that shall include: 3. Methods to be followed should physical restraint, less intrusive interventions, or measures permitted by other applicable state regulations prove unsuccessful in calming and moderating the resident's behavior.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: The provider failed to implement additional procedures when physical restraint proved unsuccessful in calming and moderating the individual's behavior. The restraints being utilized by employees did not meet the requirements of Handle with Care training and Hallmark policy.	PR) 10/02/2023 1.Provide a statement of the issue that led to non-compliance • Despite 12 staff members being present for the safe application of restraint, at no time was the individual ever adequately restrained. The individual was let go 3 times and re-attacked most staff members in their attempts to continue gaining access to the peers the individual was threatening to harm. • The efforts of the staff who were attempting to adequately restrict the individual from hurting others and de-escalate failed due to the individual's size, determination, and strength. As a result, several staff demonstrated ineffective and inappropriate positioning and teamwork through the application of restraint. • A review of involved personnel records revealed that staff did not have evidence of current HWC re-certification in their personnel record. • Several staff were being spit upon throughout the entire event. This finding reveals the need to identify an alternative means of preventing exposure to body fluids or spitting during crisis interventions. 2. Include a plan of action to address systematic changes. • Documented correspondence from the Director of Clinical Services to the individual's case worker on June 9, 2023,	10/5/2023

Investigation ID: **132**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-19-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			as well as correspondence between the CSA Coordinator and various Hallmark personnel reveal an effort to provide notice of the individual's need for an alternative placement due to the individual's level of violence and lack of engagement. Documentation from the individual's locality reveals a plea for extending the 30 day notice due to inability to locate an alternative placement, including those sought out of state. The locality cited grave concerns about the individual's ability to return home due to the individual's long history of violence toward family members in the home, to include several smaller, younger children. When extension continued and Hallmark expressed the need to transfer the individual again, the locality stated original notice wasn't sent via certified mail and therefore not according to contract. This finding reveals the need to evaluate both admission and ejection policies and procedures along with the impact of languishing in treatment without an identified alternative on residents who we have been unable to engage in treatment. • A debriefing was held with the staff involved where participants were able to identify areas of improvement moving forward. • Those identified for performance issues were addressed in accordance with HR policies and procedures to include remedial training in Handle with Care techniques. 3. Indicate the frequency for monitoring the plan	

Investigation ID: **132**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-19-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			including how it will be monitored. • Staff Development Coordinator will monitor due dates for all staff notifying them 15-30 days prior to their due dates. Any staff who have not fulfilled requirements will be removed from the schedule until the requirement is satisfied. • The following solution for spitting was presented to the Safety Committee and approved as a solution to residents who are spitting on staff during a restrictive intervention: A "Code Yellow Bag" will be available for codes. The bags will be placed in each nurses' station and contain personal protective gear (face shields for staff to prevent being spit on, pads for use when an individual is headbanging and gloves.) • Evaluate both admission and ejection policies and procedures against contractual language which is standard among all VA localities. 4. Include the position of the person responsible for monitoring the plan of action. • Staff Development Coordinator-ensuring staff are current with Handle with Care training. • Director of Intake and Director of Clinical Services-Ensuring the prevention in languishing in treatment without an identified alternative on residents who Hallmark has been unable to engage in treatment. • Director of Nursing-Ensuring availability of	

Investigation ID: **132**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-19-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			the "Code Yellow Bag" OLR) Accepted 10/03/2023	

General Comments / Recommendations:
LS recommends provider review 12VAC35-46-940. Behavior interventions for compliance.

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.

Melonie Beatty, Licensing Specialist	(Signature of Organization Representative)	Date

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