DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **154**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **09-06-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	NS	Hallmark Youthcare This regulation was NOT MET as evidenced by: The provider failed to adequately supervise and protect Individual #1 who had a known and recent history of suicide attempts.	PR) 12/13/2023 Per citation "The provider failed to adequately supervise and protect Individual #1 who had a known and recent history of suicidal attempts." Based on the documentation below, Hallmark provided appropriate supervision and protection for Individual #1 during their admissions of 4/28/23 and 8/31/23. **4/28/23 (Admission date)**-Initial Psychiatric Evaluation by individual #1's psychiatrist documented that they were admitted due to history of disruptive and aggressive behaviors, running away from placements, multiple school suspensions, substance abuse and grand theft auto. There was no history of previous inpatient psychiatric hospitalizations or suicidal attempts. Individual #1 denied any suicidal or homicidal ideations during the Admission Suicide/Assaultive Behavior Risk Assessment; the risk score for suicide was "low." Individual #1 was placed on 15-minute checks by the psychiatrist and remained on 15-minute checks until 8/9/23. **8/9/23-6:35pm**-While on the unit with staff and another peer, Individual #1 was sitting behind the staff and the peer joking and watching staff and peer play a video game. Individual #1 started talking about a previous resident who tied a shoestring around his neck. Staff responded by encouraging individual #1 to talk with staff and or therapist if they had similar urges. When Individual #1 stopped talking, the staff turned to them and noted their hoodie wrapped around their neck. At the time, individual #1 was on 15-minute checks. A code for assistance was called; the hoodie was removed from individual #1's	12/21/2023

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			neck. Under the hoodie was a "string" of ripped cloth and both were removed. Individual #1 was examined by the nurse for assessment of any potential injuries. Individual #1 was immediately placed on 1 to 1 precaution for their safety. The psychiatrist was notified, and an order was obtained to transport individual #1 to the ER for evaluation of their suicidal ideations with attempt. **8/10/23 at 6:00am**-Individual #1 was transferred from St. Mary's ER to Cumberland acute unit. A root cause was conducted. It was noted that another resident's suicidal gestures may have triggered individual #1 as they had no history of suicidal attempts/gestures. **8/31/23-1:45pm**-After stabilization from the hospitalization at Cumberland hospital, individual #1 was admitted back to Hallmark. On admission individual #1 denied any suicidal ideation or thoughts of self-harm and the suicide risk score was noted to be "low." Individual #1 was placed on 15-minute checks by the psychiatrist. **9/2/23-12:30pm-**Individual #1 hit another peer while in the cafeteria. Staff intervened appropriately. Neither was injured. For safety reasons a decision was made to separate Individual #1 from peers based on the assaultive behavior. A classroom was used during this time for the supervision of Individual #1. **9/2/23-2:00pm-**While in the classroom, individual #1 reported feeling suicidal and was assessed by the therapist. Individual #1 scored high on the suicide assessment. Individual #1 reported to the therapist that they had a plan to "cut my wrist open and hang myself with"; "no plan today but will obtain the materials." Individual #1 remained in the classroom with one staff member. Before	

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			the therapist could get back to the unit to call the psychiatrist, Individual #1 scratched his arm with a spring he had hidden in his pocket. As staff were attempting to take this away, individual #1 took their hoodie and attempted to tie it around their neck. Nursing staff were called for assistance. The nurse notified the psychiatrist, and an order was obtained to place individual #1 on 1 to 1 precaution. The Psychiatrist also ordered Individual #1 to be transported to Chippenham ER for evaluation for acute services**.** At 11:00 pm, Individual # 1 was admitted from Chippenham ER to Tuckers for acute services. OLR) Not Accepted 12/14/2023 Individual #1 was in the process of being placed on 1:1 precautions and was being supervised by an employee. Individual #1 continued to make suicide attempts while under supervision of the employee resulting in the need for medical care due to injuries. Please address other steps that could be put into placed to prevent continued suicide attempts while an individual is on 1:1 precautions and prior to the individual being referred out for an assessment for acute care. PR) 12/14/2023 Individual #1 was in the process of being placed on 1:1 precaution and was being supervised by an employee. Individual #1 continued to make suicide attempts while under supervision of the employee. In the future if a resident is on 1:1 precautions and continues to make suicidal gestures and	

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			attempts to self-harm, an additional staff will be assigned to assist to prevent the self-harm and suicidal behaviors. The additional staff will remain with the staff supervising the individual until the transport out for an assessment for acute care. This plan will be communicated with the therapy team who conducts suicidal risk assessments. OLR) Accepted 12/14/2023	

General Comments / Recommendations:
Licensing Specialist recommends provider review regulation 12VAC35-46-800 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