DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **71**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **02-06-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-940. E. - All physical restraints shall be reviewed and evaluated to plan for continued staff development for performance improvement.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: A nursing note dated 9-11-2022 stated that staff sat on Resident #1 for approximately 10-15 minutes in order to prevent Resident #1 from disrupting the milieu. Review of the full record for Resident #1 did not include any other documented evidence of this restraint including a review and evaluation for continued staff development for performance improvement. Provider failed to meet this requirement.	PR) 03/24/2023 Information in the citation is incorrect. The citation states that *"A nursing note stated that staff sat on resident for approximately 10-15 **minutes** in order to prevent disruption."* The note (which I have evidence of attached) states .... *"10-15 **seconds**"* This is a huge discrepancy. There was no intent of a physical hold on Resident #1. A larger framed staff member had lost balance while intervening with Jayden disrupting the milieu. For a brief 10-15 seconds the staff member leaned in the direction of Resident #1 before the staff member was able to regain his footing and stand up. There was no restraint initiated or performed; therefore, there is no restraint documentation. Resident #1 was assessed for injuries following the incident. There were no injuries noted or reported. OLR) Accepted 03/28/2023	3/24/2023

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12VAC35-46-940. F. - Use of physical restraint shall be limited to that which is minimally necessary to protect the resident or others.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: A nursing note dated 9-11-2022 stated that staff sat on Resident #1 for approximately 10-15 minutes in order to prevent Resident #1 from disrupting the milieu. This is not a minimally necessary use of physical restrain. Provider failed to use a physical restraint that was minimally necessary to protect the resident.	PR) 03/24/2023 Information in the citation is incorrect. The citation states that *"A nursing note stated that staff sat on resident for approximately 10-15 **minutes** in order to prevent disruption."* The note (which I have evidence of attached) states .... *"10-15 **seconds**"* This is a huge discrepancy. There was no intent of a physical hold on Resident #1. A larger framed staff member had lost balance while intervening with Jayden disrupting the milieu. For a brief 10-15 seconds the staff member leaned in the direction of Resident #1 before the staff member was able to regain his footing and stand up. There was no restraint initiated or performed; therefore, there is no restraint documentation. Resident #1 was assessed for injuries following the incident. There were no injuries noted or reported. OLR) Accepted 03/28/2023	3/24/2023

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12VAC35-46-940. I. (4) - Each application of physical restraint shall be fully documented in the resident's record including: 4. Justification for the restraint;	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: A nursing note dated 9-11-2022 stated that staff sat on Resident #1 for approximately 10-15 minutes in order to prevent Resident #1 from disrupting the milieu. However, review of the full record for Resident #1 did not include all of the requirements of documentation related and reviewers signature.	PR) 03/24/2023 Information in the citation is incorrect. The citation states that *"A nursing note stated that staff sat on resident for approximately 10-15 **minutes** in order to prevent disruption."* The note (which I have evidence of attached) states .... *"10-15 **seconds**"* This is a huge discrepancy. There was no intent of a physical hold on Resident #1. A larger framed staff member had lost balance while intervening with Jayden disrupting the milieu. For a brief 10-15 seconds the staff member leaned in the direction of Resident #1 before the staff member was able to regain his footing and stand up. There was no restraint initiated or performed; therefore, there is no restraint documentation. Resident #1 was assessed for injuries following the incident. There were no injuries noted or reported. OLR) Accepted 03/28/2023	3/24/2023

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12VAC35-46-940. I. (5) - Each application of physical restraint shall be fully documented in the resident's record including: 5. Less restrictive interventions that were unsuccessfully attempted prior to using physical restraint;	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: A nursing note dated 9-11-2022 stated that staff sat on Resident #1 for approximately 10-15 minutes in order to prevent Resident #1 from disrupting the milieu. However, review of the full record for Resident #1 did not include all of the requirements of documentation related and reviewers signature.	PR) 03/24/2023 Information in the citation is incorrect. The citation states that *"A nursing note stated that staff sat on resident for approximately 10-15 **minutes** in order to prevent disruption."* The note (which I have evidence of attached) states .... *"10-15 **seconds**"* This is a huge discrepancy. There was no intent of a physical hold on Resident #1. A larger framed staff member had lost balance while intervening with Jayden disrupting the milieu. For a brief 10-15 seconds the staff member leaned in the direction of Resident #1 before the staff member was able to regain his footing and stand up. There was no restraint initiated or performed; therefore, there is no restraint documentation. Resident #1 was assessed for injuries following the incident. There were no injuries noted or reported OLR) Accepted 03/28/2023	3/24/2023

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12VAC35-46-940. I. (9) - Each application of physical restraint shall be fully documented in the resident's record including: 9. Reviewer's signature and date.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: A nursing note dated 9-11-2022 stated that staff sat on Resident #1 for approximately 10-15 minutes in order to prevent Resident #1 from disrupting the milieu. However, review of the full record for Resident #1 did not include all of the requirements of documentation related and reviewers signature.	PR) 03/24/2023 Information in the citation is incorrect. The citation states that *"A nursing note stated that staff sat on resident for approximately 10-15 **minutes** in order to prevent disruption."* The note (which I have evidence of attached) states .... *"10-15 **seconds**"* This is a huge discrepancy. There was no intent of a physical hold on Resident #1. A larger framed staff member had lost balance while intervening with Jayden disrupting the milieu. For a brief 10-15 seconds the staff member leaned in the direction of Resident #1 before the staff member was able to regain his footing and stand up. There was no restraint initiated or performed; therefore, there is no restraint documentation. Resident #1 was assessed for injuries following the incident. There were no injuries noted or reported OLR) Accepted 03/28/2023	3/24/2023

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12VAC35-46-940. K. - The provider shall review the facility's behavior intervention techniques and policies and procedures at least annually to determine appropriateness for the population served.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: The provider Behavior Intervention Policy and Procedures were last reviewed on 10-1-2021. The Behavior Intervention Policy and Procedures were reviewed by the Office of Licensing on 12-22-2022 and had not been updated since the above date of 10-1-2021. Provider failed to review and update behavior intervention techniques and policies annually as required.	PR) 03/24/2023 We have been in the process of updating policy headers. When the Policy Coordinator is working on a version, the draft version is placed in a separate folder until finalized. The final policy is then placed in the correct folder for viewing. The restraint policy was pulled from an incorrect folder (earlier version). The up-to-date version was pending review and in a different folder. Between 2021 and 2022, no significant changes were identified or needed to be made to the policy. Final review was completed in October 2022. The correct policy is attached OLR) Accepted 03/28/2023	3/24/2023

General Comments / Recommendations:
Please submit a response by the due date.

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.

Christine Morris, Associate Director | (Signature of Organization Representative) | Date

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