License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **04-12-2022**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	The Hughes Center This regulation was NOT MET as evidenced by: See OHR citations included.	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement and milieu management techniques. Leadership Rounding Tool data is provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors compliance and completion of re-education. Data is provided to Director of Risk management and tacked on the comprehensive monitoring grid. • Director of Clinical Services and Medical Director provided re-training to staff regarding patient rights, responding to abuse/neglect, and milieu management. OLR) Accepted 05/12/2022	6/30/2022
12VAC35-115-20. A. (2) - Each individual who receives services shall be assured: 2. Respect for basic human dignity;	N	The Hughes Center This regulation was NOT MET as evidenced by: • Individual #1 was hit, kicked, had furniture thrown, and a water jug throw at her by three other peers while Employee #1, Employee #2, and Employee #3	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • Chief Operating Officer and designee provided re-training to MHT staff	6/30/2022

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		did not provide proper intervention/support to Individual #1. • Per the provider's investigative findings through video camera review, Individual #1 was not provided services that exhibited respect for basic dignity.	regarding response to Code Yellow and early identification of need for specific codes for additional staff assistance. • Risk manager developed internal investigation process to ensure all serious incidents are reviewed and investigated in a timely and thorough manner. Any incidents of staff deviation from standards of care and/or policy/procedures result in disciplinary action up to and including termination. • Director of Clinical Services and Director of Operations developed clinical supervision model for MHTs in conjunction with clinical staff to provide additional training on transference, counter transference, vicarious trauma, and trauma informed care principles. • Human Resources Manager revised orientation process to enhance new MHT experience with shadowing tenured staff and breaking training days into mix of didactic/hands on training. • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement and milieu management techniques. Leadership Rounding Tool data is provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors	

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			compliance and completion of re-education. Data is provided to Director of Risk management and tacked on the comprehensive monitoring grid. OHR/OLR) Accepted 05/09/2022	
12VAC35-115-20. A. (3) - Each individual who receives services shall be assured: 3. Services that are provided consistent with sound therapeutic practice.	N	The Hughes Center This regulation was NOT MET as evidenced by: • Individual #1 was hit, kicked, had furniture thrown, and a water jug throw at her by three other peers while Employee #1, Employee #2, and Employee #3 did not provide proper intervention/support to Individual #1. • Per the provider's investigative findings through video camera review, Individual #1 was not provided services that were provided with sound therapeutic practice.	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • Director of Clinical Services and Medical Director provided re-training to staff regarding patient rights, responding to abuse/neglect, and milieu management. • Director of Operations reviewed and revised programming schedules to ensure therapeutic structures are clearly identified with expected activities. • Director of Operations retrained staff on active engagement, therapeutic schedule adherence, and patient supervision practices. • Chief Operating Officer and designee provided re-training to MHT staff regarding response to Code Yellow and early identification of need for specific codes for additional staff assistance. • Risk manager developed internal investigation process to ensure all serious incidents are reviewed and investigated in a timely and thorough manner. Any incidents of staff deviation from standards of care and/or policy/procedures result in disciplinary action up to and including termination. • Director of Clinical Services and Director of Operations developed clinical	6/30/2022

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			supervision model for MHTs in conjunction with clinical staff to provide additional training on transference, counter transference, vicarious trauma, and trauma informed care principles. • Human Resources Manager revised orientation process to enhance new MHT experience with shadowing tenured staff and breaking training days into mix of didactic/hands on training. • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement and milieu management techniques. Leadership Rounding Tool data is provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors compliance and completion of re-education. Data is provided to Director of Risk management and tacked on the comprehensive monitoring grid. OHR/OLR) Accepted 05/09/2022	
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and	N	The Hughes Center This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • Director of Clinical Services and Medical Director provided re-training to staff	6/30/2022

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exploitation.		department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. ?"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. • Individual #1 was hit, kicked, had furniture thrown, and a water jug throw at her by three other peers while Employee #1, Employee #2, and Employee #3 did not provide proper intervention/support to the individual. • Employee #1, Employee #2, and Employee #3 failed to intervene during the peer to peer altercation, thus neglecting the safety of Individual #1. • Employee #1, Employee #2, and Employee #3 failed to intervene when Individual #1 was physically assaulted by peers, resulting in a substantiation of abuse by the provider determined through interviews and video camera footage. • Employee #1 is seen in the video footage using language/gestures that intimidated and demeaned Individual #1. The provider was also able to corroborate this further through interviews with peers and staff. • Employee #1, Employee #2, and Employee #3 failed to call for assistance in a timely manner to ensure peers were removed from the immediate	regarding patient rights, responding to abuse/neglect, and milieu management. • Chief Operating Officer and designee provided re-training to MHT staff regarding response to Code Yellow and early identification of need for specific codes for additional staff assistance. • Risk manager developed internal investigation process to ensure all serious incidents are reviewed and investigated in a timely and thorough manner. Any incidents of staff deviation from standards of care and/or policy/procedures result in disciplinary action up to and including termination. • Director of Clinical Services and Director of Operations developed clinical supervision model for MHTs in conjunction with clinical staff to provide additional training on transference, counter transference, vicarious trauma, and trauma informed care principles. • Human Resources Manager revised orientation process to enhance new MHT experience with shadowing tenured staff and breaking training days into mix of didactic/hands on training. • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement and milieu management techniques. Leadership Rounding Tool data is	

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		environment to ensure safety of Individual #1 and peers.	provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors compliance and completion of re-education. Data is provided to Director of Risk management and tacked on the comprehensive monitoring grid. OHR/OLR) Accepted 05/09/2022	
12VAC35-115-50. D. (3b) (1) - The provider's duties: 3. Providers shall assure the following relative to abuse, neglect, and exploitation: 3b. The director shall immediately take necessary steps to protect the individual until an investigation is complete. This may include the following actions: 1. Direct the employee or employees involved to have no further contact with the individual. In the case of incidents of peer-on-peer aggression, protect the individuals from the aggressor in accordance with sound therapeutic practice and this chapter.	N	The Hughes Center This regulation was NOT MET as evidenced by: • Individual #1 was hit, kicked, had furniture thrown, and a water jug throw at her by three other peers while Employee #1, Employee #2, and Employee #3 did not provide proper intervention/support to Individual #1. • Staff failed to separate Individual #1 from peers involved in this incident even though the same peers were involved in a peer to peer incident earlier in the day.	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • Chief Operating Officer and Director of Operations developed and executed structured staff-to-staff handoff process including report of specific at-risk behaviors to ensure potential risk events are identified early to prevent further incidents. • Chief Executive Officer provided retraining on communication to Administrator on Call to RNs and Shift Supervisors using a structured reporting format. • Chief Operating Officer reviewed Monitoring of Residents Policy to emphasize environmental risks. (Provided re-education on policy and practice). Provided Safety Security Checklist to staff and provided retraining. • Chief Operating Officer reviewed Disaster Emergency Codes Policy to clarify roles and responsibilities during emergency situations. (Provided re-education on policy and practice). • Handle with Care Trainers retrained staff	6/30/2022

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			on crisis response including the initiation of restraints/physical holds, emphasis on patient containment, and physical environment risks. • Human Resources Manager revised orientation process to enhance new MHT experience with shadowing tenured staff and breaking training days into mix of didactic/hands on training. • Human Resources Manager provided retraining to all supervisory staff on the process of staff reassignment when patient/staff relationship or interactions may be cause unintentional escalation. • Human Resources Manager provided retraining to all supervisory staff on investigation process and process to place any employee on administrative suspension pending investigation when allegations of abuse or neglect are identified. • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement and milieu management techniques. Leadership Rounding Tool data is provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors compliance and completion of re-education. Data is provided to Director of	

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			Risk management and tacked on the comprehensive monitoring grid. OHR/OLR) Accepted 05/09/2022	
12VAC35-115-50. D. (3b) (2) - The provider's duties: 3. Providers shall assure the following relative to abuse, neglect, and exploitation: 3b. The director shall immediately take necessary steps to protect the individual until an investigation is complete. This may include the following actions: 2. Temporarily reassign or transfer the employee or employees involved to a position that has no direct contact with individuals receiving services.	N	The Hughes Center This regulation was NOT MET as evidenced by: • Individual #1 was hit, kicked, had furniture thrown, and a water jug throw at her by three other peers while Employee #1, Employee #2, and Employee #3 did not provide proper intervention/support to Individual #1. • Employee #1 was allowed to accompany Individual #1 to SOVAH Health ER following incident. Employee #1 should have been reassigned/relinquished of any duties that required direct contact with Individual #1.	PR) 05/06/2022 PR: The facility has made the following systemic changes to our internal processes to ensure compliance to the regulation in the future: • Risk manager developed internal investigation process to ensure all serious incidents are reviewed and investigated in a timely and thorough manner. Any incidents of staff deviation from standards of care and/or policy/procedures result in disciplinary action up to and including termination. • Human Resources Manager provided retraining to all supervisory staff on the process of staff reassignment when patient/staff relationship or interactions may be cause unintentional escalation. • Human Resources Manager provided retraining to all supervisory staff on investigation process and process to place any employee on administrative suspension pending investigation when allegations of abuse or neglect are identified. • A comprehensive monitoring grid has been developed to ensure practices are successfully implemented and facility maintains progress. Director of Risk Management maintains monitoring grid and presents results in monthly Quality Council. • Leadership Rounding Tool was revised and is used to monitor staff engagement	6/30/2022

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			and milieu management techniques. Leadership Rounding Tool data is provided to Director of Risk Management and tracked on the comprehensive monitoring grid. • The Human Resources Manager monitors compliance and completion of re-education. Data is provided to Director of Risk management and tacked on the comprehensive monitoring grid. OHR/OLR) Accepted 05/09/2022	

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.

Tonya Carr, Legal Operations Manager | (Signature of Organization Representative) | Date

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