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

Date of Inspection: **04-19-2022**
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 below.	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. • 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. OLR) Accepted 05/17/2022	6/30/2022
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm	N	The Hughes Center This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or	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:	6/30/2022

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including abuse, neglect, and exploitation.		other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the 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. Employee #1 used inappropriate, abusive, and profane language towards Individual #1. Per the provider's investigative findings abuse was substantiated as the preponderance of evidence showed that Employee #1 used inappropriate, abuse, and profane language.	• Director of Clinical Services and Medical Director provided re-training to staff 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	

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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 05/16/2022	
12VAC35-115-60. B. (1) - The provider's duties. 1. Providers shall develop, carry out, and regularly monitor policies and procedures prohibiting discrimination in the provision of services. Providers shall comply with all state and federal laws, including any applicable provisions of the Americans with Disabilities Act (42 USC § 12101 et seq.), that prohibit discrimination.	N	The Hughes Center This regulation was NOT MET as evidenced by: Employee #1 used inappropriate, abusive, and profane language towards Individual #1. Per the investigators findings and the preponderance of evidence shows, Employee #1 failed to follow the individual's behavioral treatment plan and also agency policy by using inappropriate, abusive, and profane language towards 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: • Internal investigation completed by Director of Risk Management, Human Resources Manager and Chief Executive Officer. Corrective action up to and including termination provided to employees who did not meet the standards of care set by facility policy and procedures. • Director of Clinical Services and Medical Director provided re-training to staff regarding patient rights, responding to abuse/neglect, and milieu management. • 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,	6/30/2022

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			and trauma informed care principles. • 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. • 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 05/16/2022	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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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