

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **641-14-001**

Organization Name: **United Methodist Family Services**

Date of Inspection: **04-20-2022**

Program Type/Facility Name: **14-001 United Methodist Family Services**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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	United Methodist Family Services This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 04/22/2022 Action plan has been attached. A copy was previously sent to HR Representative via email. 1. A statement of the issue that led to non-compliance--Staff did not follow outlined sharps procedures. Staff did not search a youth's belongings well enough and new procedures had to be put in place. 2. A statement of how you corrected the issue; a plan of action to address systematic (process/protocols) that have been or will be implemented to ensure you remain in compliance of the regulation--See attached action plan. Steps include training, removal of razors from the environment, changing procedure and verification of skills to perform searches. 3. Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation--CFHC Leadership team as noted on the action plan form attached. 4. Indicate the frequency for monitoring the plan including how it will be monitored---noted on the second part of this response: Treatment Specialist on each shift CFHC Leadership weekly for April and May and then monthly UM monthly OLR) Partially Accepted 04/27/2022 See OHR response below.	5/20/2022

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			PR) 05/10/2022 The full action plan has been entered below. OLR) Accepted 05/12/2022	
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: "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. Upon review of CHRIS entry A-20220012, the provider's investigation determined that the residents were allowed to shave in the presence of staff and then turn the razor back over to staff after each use. Staff were not following the outlined procedure for sharps. In addition, the investigation revealed Individual #2 brought a razor in from home by hiding in Individual #2's sock. Staff did a search of Individual #2 but did not search shoes or socks. Individual #2 gave the razor to Individual #1 who utilized this razor to self-harm. The provider determined that neglect was found. Based on the preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	PR) 04/22/2022 The action plan has been uploaded to this document. Those who will monitor all of these action plan steps include: Treatment Specialists--daily on each shift UM--monthly to ensure compliance CFHC Leadership-weekly for April and May and monthly thereafter in QI meetings OHR/OLR) Partially Accepted 04/22/2022 OHR response: Although the provider attached the plan, the provider must enter the plan under Actions to be Taken. PR) 04/28/2022 1. Staff have not been following the sharps procedure as it relates to razors used for shaving. Action Plan Person(s) Responsible	5/20/2022

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			Due Date All razor privileges were suspended on 4/5/22 in an abundance of caution and to ensure proper procedure was followed by staff. Treatment Specialist, CFHC Leadership Done 4/5/22 Rooms were searched for any contraband (Suite A and B) Treatment Specialist, CFHC Leadership, Nursing, Senior Leadership Done 4/6/22 Rooms in Suite D will be searched on 4/13/22 Treatment Specialist, CFHC Leadership Done 4/13/22 Use of disposable or other razors in the suites is prohibited. Electric Razors will be used for all youth. Support coach, Treatment Specialist, CFHC Leadership By 4/30/22 Use of razors for facial hair will be done with nursing only. Razors will be kept in the nurse's station. Youth will only use razors with a nurse present. Nursing, CFHC Leadership	

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			By 4/30/22 A schedule will be created for youth on the unit to use the electric razors Support Coach, CFHC Leadership, Treatment Specialist By 5/20/22 Revise procedure for Sharps and will post on In Site and it will be part of training UM; CFHC Leadership 4/30/22 Training for ALL staff on new shaving/sharps procedure will occur at team prior to the implementation of electric razors on the suites CFHC Leadership, Treatment Specialist Before 5/20/22 1. Staff require additional training to ensure searches are done in a systematic way. Action Plan Person(s) Responsible Due Date Search procedure will be updated to reflect	

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			when, where, and reasons for searches both of the facility and of a person CFHC Leadership By 4/30/22 A protocol to use internally will be developed which outlines the steps to a search of a person and facility Treatment Specialist, CFHC Leadership, Nursing By 4/30/22 A space in the building will be set up for searches for youth returning from passes in the community or overnight Treatment Specialist, CFHC Leadership By 4/30/22 A video training will be done to train ALL staff on searches and this training will be used for all new staff and for any re-training CFHC Leadership By 5/20/22 New staff will be trained and given skills test on searches starting at onboarding. Verification of competency is done with a member of Treatment Specialist Team CFHC Leadership Developed by 5/30/22	

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			Implemented by 6/15/22 OHR/OLR) Accepted 05/10/2022	

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