

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

Page: 1 of 3

Investigation ID: 29

License #: 959-04-005

Organization Name: CJW Medical Center

Date of Inspection: 05-26-2022

Program Type/Facility Name: 04-005 Child/Ado Inpatient Psy

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (5) - The provider including its employees, contractors, students, and volunteers shall comply with: 5. The provider's own policies. All required policies shall be in writing.	N	Child/Ado Inpatient Psy This regulation was NOT MET as evidenced by: In review of the information provided, Employee #1 did not follow the Human Resource ID Badge policy. The policy states, "A badge must be worn on the upper part of the body with the front side showing where others can easily see it. It must also be displayed in the business entity-approved badge holder." Employee #1 set the badge on a table while patients were participating in recreational activities.	PR) 06/29/2022 Action #1: Review event and root cause during all unit's huddles to increase staff awareness of maintaining control of ID badge and unit keys. Position Responsible: Unit Directors Measurement/Sustaining Measure: 100% of Unit Huddles Completion Date: Completed on 5/16/2022 Action #2: Staff review and sign attestation for targeted education related to badge and key safety Position Responsible: Unit Directors Measurement/Sustaining Measure: 100% staff on all units Completion Date: 100% staff in Nursing Administration, Activities Therapy, Social Work, 3rd Floor Nursing, 2nd Floor Nursing, and 1st Floor Nursing/PRN Pool completed attestation by 6/17/2022. Action #3: Include review of badge and key safety in annual education requirement Position Responsible: Unit Directors, Behavioral Educator Measurement/Sustaining Measure: 100% staff required to complete annual education Completion Date: Started with orientation cohort on 6/13/2022 and ongoing	9/1/2022

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Page: 2 of 3

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			Action #4: Develop and implement plan for elopement drills Position Responsible: AVP Nursing, Behavioral Educator Measurement/Sustaining Measure: Minimum of one drill on each unit annually Completion Date: 9/1/2022 Action #5: Update and distribute elopement huddle tip Position Responsible: Patient Safety Coordinator Measurement/Sustaining Measure: Huddle tip posted in each unit's communication book Completion Date: Completed 5/19/2022 OLR) Accepted 07/01/2022	

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Page: 3 of 3

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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.				
Patricia Atkins, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				