

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

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License #: 959-04-005

Organization Name: CJW Medical Center

Date of Inspection: 03-16-2023

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>
12VAC35-46-70. - 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	Child/Ado Inpatient Psy This regulation was NOT MET as evidenced by: See OHR citation below.		
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	Child/Ado Inpatient Psy 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 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. Provider substantiated abuse based on the following: • Upon review of entry A-20230002, the provider's investigation determined abuse was substantiated. ◦ Review of medical record documentation,	PR) 04/06/2023 Enhance safety within the milieu with increased reminders to child and adolescent inpatients to "speak up" about any situation in which they feel uncomfortable or unsafe. 1. Develop scripted message for everyone's use that includes introduction (by first name) of nursing and mental health technician team for the shift, reinforces all patients should feel comfortable and safe, safety is the number one priority, and encourages all patients to speak to any	5/6/2023

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		staff schedule, payroll records, and staff assignments during time of in which event reported to have occurred. Former employee confirmed to have provided groups on 1 West during time of event occurrence. Upon review of provider's written investigation summary, the report indicates Individual #1 was to provide a description of the alleged offender (Employee #1) and the location of the alleged assault, which was off the unit. Individual was able to identify room location upon tour of area adjacent to patient care unit. Individual #1 stated they did not report at the time of assault due to Employee #1 threatening Individual #1 and family. Contact made with sheriff's department revealed indication of a similar incident at Tucker Pavilion during same time period. Confirmation made of both events potentially involving Employee #1. Employee #1's employment with Tucker Pavilion was previously terminated as Employee #1 was suspected of being impaired upon arrival to work, and refusing a drug screen. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	staff member or Director at any time they feel uncomfortable or unsafe. Responsible Party: 1 West Nurse Director and 1 West Healthcare Team - Standardize practice by adding scripted message to daily morning and evening Community Meetings. Audit consistent use through observation of morning and evening Community Meetings. Responsible Party: 1 West Nurse Director - Director to add encouraging "speak up" message in daily rounding on each patient, 1:1. Responsible Party: 1 West Nurse Director Augment investigation process, determination of validity, and any related action plan for allegations of abuse as defined by DBHDS. Share enhanced measures with Tucker Pavilion Directors, Director of Patient Safety and Quality, and Patient Safety Coordinators.	

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			- Staff interviews as part of investigation will include both a designated Quality representative and Tucker Pavilion leader. - Consider expanded patient interviews based on event, specifically allegations that may have impact for other patients on patient care unit. - All information gathered through investigation will be reviewed by a multidisciplinary leadership team gathered for discussion to reach a final conclusion of substantiated or unsubstantiated and approval of any related action plan. Responsible Party: Tucker Pavilion Associate - Standardize practice by adding scripted message to daily morning and evening Community Meetings. Audit consistent use through observation of morning and evening Community Meetings. Responsible Party: 1 West Nurse Director - Director to add encouraging "speak up" message in daily rounding on each patient, 1:1. Responsible Party: 1 West Nurse Director	

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			Augment investigation process, determination of validity, and any related action plan for allegations of abuse as defined by DBHDS. Share enhanced measures with Tucker Pavilion Directors, Director of Patient Safety and Quality, and Patient Safety Coordinators. 1. Staff interviews as part of investigation will include both a designated Quality representative and Tucker Pavilion leader. 2. Consider expanded patient interviews based on event, specifically allegations that may have impact for other patients on patient care unit. 3. All information gathered through investigation will be reviewed by a multidisciplinary leadership team gathered for discussion to reach a final conclusion of substantiated or unsubstantiated and approval of any related action plan. Responsible Party: Tucker Pavilion Associate Chief Nursing Officer, Vice President of Quality	

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			Re-educate staff that they are empowered to intervene and/or report a minor leaving the unit with another staff member for any reason inconsistent with the Unit's patient care routine or known scheduled event (i.e. known family meeting) 1. Re-education of Q15 minute documentation to include if a patient is leaving/has left the Unit, who the patient left with, and the reason for leaving the unit. 2. Re-education on nursing note documentation to include if/when a patient has left the Unit for a test, family, therapy, etc. and who accompanied the patient. Responsible Party: 1 West Nurse Director OHR/OLR) Accepted 04/07/2023	

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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.				
_____ Andrea Milhouse, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				