

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

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License #: **986-04-005**

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **11-12-2021**

Program Type/Facility Name: **04-005 Poplar Springs-Adolescents**

| <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. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | Poplar Springs-Adolescents<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR Citation below. | PR) 12/10/2021<br><br>Employee #1 and Employee #2 were provided re-education and training levels of observation/patient observation rounds expectations and guidelines for 1:1. Employee #1 and Employee #2 signed attestations that they understand and have received of training levels of observation/patient observation rounds expectations and guidelines for 1:1<br><br>All employees will receive annual re-education and training of levels of observation/patient observation rounds expectations and guidelines for 1:1. At the completion of the re-education and training, staff will sign attestations that they understand and have received of training levels of observation/patient observation rounds expectations and guidelines for 1:1<br><br>OLR) Accepted 12/13/2021 | 12/10/2021                |

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 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           | <p>Poplar Springs-Adolescents</p> <p>This regulation was NOT MET as evidenced by:</p> <p>"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</p> <p>Upon review of CHRIS entry A-20210424, the provider's investigation determined Employee #1 and Employee #2 failed to follow provider's policy, Levels of Patient Observation (2318.08 Nursing), and neglect was found.</p> | <p>PR) 12/10/2021</p> <p>Employee #1 and Employee #2 were provided re-education and training levels of observation/patient observation rounds expectations and guidelines for 1:1. Employee #1 and Employee #2 signed attestations that they understand and have received of training levels of observation/patient observation rounds expectations and guidelines for 1:1</p> <p>All employees will receive annual re-education and training of levels of observation/patient observation rounds expectations and guidelines for 1:1. At the completion of the re-education and training, staff will sign attestations that they understand and have received of training levels of observation/patient observation rounds expectations and guidelines for 1:1</p> <p>OHR/OLR) Accepted 12/13/2021</p> | 12/10/2021                |

**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