

**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: **04-01-2022**

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) - 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 This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 04/29/2022 PR: The Associate Administrator/Patient Advocate and Director of PI/Risk Management met to review the citation. At the end of each week, the Director of PI/Risk Management will review with the Associate Administrator/Patient Advocate all cases entered into CHRIS and follow up on those that have not had a final disposition of the investigation entered to ensure timely completion. The Director of PI/Risk Management will utilize an audit tool to monitor and audit the completion of the final investigation report entered into the department's web-based reporting application within 10 working days from the date the investigation begins. Aggregated data on compliance with the completion of the final investigation report being entered into CHRIS will be reported monthly to the performance improvement committee. Audits will be conducted for 3 months and determined then if continued monitoring is required. OLR) Accepted 05/12/2022	7/30/2022

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **04-01-2022**

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>
12VAC35-115-175. C. (8) - Upon receipt of a complaint, providers shall: 8. Report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate.	N	Poplar Springs-Adolescents This regulation was NOT MET as evidenced by: Upon review of CHRIS entry C-20210006, the provider failed to report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate.	PR) 04/29/2022 PR: The Associate Administrator/Patient Advocate and Director of PI/Risk Management met to review the citation. At the end of each week, the Director of PI/Risk Management will review with the Associate Administrator/Patient Advocate all cases entered into CHRIS and follow up on those that have not had a final disposition of the investigation entered to ensure timely completion. The Director of PI/Risk Management will utilize an audit tool to monitor and audit the completion of the final investigation report entered into the department's web-based reporting application within 10 working days from the date the investigation begins. Aggregated data on compliance with the completion of the final investigation report being entered into CHRIS will be reported monthly to the performance improvement committee. Audits will be conducted for 3 months and determined then if continued monitoring is required. OHR/OLR) Accepted 05/09/2022	7/30/2022

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

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Date of Inspection: **04-01-2022**

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>
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				