

**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: **08-18-2023**

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: See OHR citation. |                            |                           |

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-50. 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 entries A-20230046 and A-20230047, the provider's investigation included video review and eyewitness statements which revealed:</p> <p>-Employee #1's placement on the unit was not per the provider's standard and did not allow proper monitoring of the individuals on the unit; and</p> <p>-Individuals #1 and #2 engaged in sexually inappropriate behavior which was not observed by Employee #1 due Employee # 1's placement within the unit.</p> <p>Based on the provider's investigative finding, there is a preponderance of evidence to suggest that Employee #1 failed to provide ensure the health and safety of Individual #1 and Individual #2.</p> | <p>PR) 09/14/2023</p> <p>Employee #1 received training on 6/28/2023 regarding milieu management and programing.</p> <p>All employees receive training on milieu management, patient observation and supervision during new employee orientation and annual skills fair.</p> <p>Senior Leadership will conduct weekly in person audits and camera review audits to observe staff's presence in the hallway and/or solarium, and ensuring continuous supervision taking place.</p> <p>Data from the in person audits and camera review audits will be presented monthly to the patient safety committee.</p> <p>OHR/OLR) Accepted 09/18/2023</p> | 06/28/2023<br>00:00:00    |

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b>                                                                                                                                                                                                                                                            |             |                                                     |                            |                           |
| 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. |             |                                                     |                            |                           |
| _____<br>Andrea Milhouse, Human Rights                                                                                                                                                                                                                                                                |             | _____<br>(Signature of Organization Representative) |                            | _____<br>Date             |
| C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined                                                                                                                                                                                                     |             |                                                     |                            |                           |