

**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: 12-20-2023

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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1/15/2024                 |
| 12VAC35-115-70. A. (1a) - Each individual has a right to participate meaningfully in decisions regarding all aspects of services affecting him. This includes the right to: 1. Consent or not consent to receive or participate in services: 1a. The ISP and discharge plan shall incorporate the individual's preferences consistent with his condition and need for service and the provider's ability to address them; | N           | Poplar Springs-Adolescents<br><br>This regulation was NOT MET as evidenced by:<br><ul style="list-style-type: none"><li>• Upon review of CHRIS entry C-20230037, the provider's investigation determined a violation was substantiated.<ul style="list-style-type: none"><li>◦ It is understood that the AR had previously decided not to pursue medications for Individual #1. When the nurse called AR for consent, the nurse should have provided AR with more information concerning medication and the side effects.</li></ul></li></ul><br>Based on the preponderance of evidence, the provider failed ensure meaningful participation. | PR) 01/17/2024<br><br>The Patient Advocate met with the Chief Nursing Officer to review the complaint and the process for medication consents. Upon review with the Chief Nursing Officer it was determined that the nursing staff needed a re-training regarding obtaining medication consents and providing informed consent to the guardian and/or authorized representative.<br><br>The Chief Nursing Officer and/or designee conducted a training with the nurses to review medication consents and providing informed consent to the guardian and/or authorized representative. Upon completion of the training, the nurses signed an attestation regarding the training topics.<br><br>OHR/OLR) Partially Accepted 01/19/2024<br><br>OHR- Partiallly Accepted: The provider's response does not address the following element: Include how you will monitor the procedures implemented to ensure you stay in compliance with | 1/15/2024                 |

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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> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
|                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <p>the regulation. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. Monthly audits, weekly chart review, daily checklist, etc.).</p> <p>PR) 02/02/2024</p> <p>Compliance with obtained consent and providing informed consent to the authorized representative will be monitored via HCS analytics. The nursing leadership team will conduct weekly audits of the HCS analytics to determine if consent was obtained and informed consent provided. Data of compliance with obtaining consent and providing informed consent will be provided monthly to the performance improvement committee.</p> <p>OHR/OLR) Accepted 02/05/2024</p> |                           |
| 12VAC35-115-80. A. (1) - Each individual is entitled to have all identifying information that a provider maintains or knows about him remain confidential. Each individual has a right to give his authorization before the provider shares identifying information about him or his care unless another state | N           | <p>Poplar Springs-Adolescents</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Provider substantiated violation based on the following:</p> <ul style="list-style-type: none"> <li>Upon review of CHRIS entry C-20230035, the provider's investigation determined a violation was substantiated. <ul style="list-style-type: none"> <li>It has been determined that Poplar Springs is in violation. We should always discuss patient information in an area where its private away from others.</li> </ul> </li> </ul> <p>Based on the preponderance of evidence, the provider</p> | <p>PR) 01/17/2024</p> <p>The Patient Advocate met with the Chief Nursing Officer to review the complaint and the process for conducting patient discharges with family members. Upon review with the Chief Nursing Officer it was determined that the nursing staff can utilized the identified discharge room located off from the lobby to conduct discharges or the ante room so that information can be discussed privately with the guardian and/or authorized representative.</p> <p>The Chief Nursing Officer and/or designee conducted a training with the nurses to review utilizing the identified discharge room located off</p>                                    | 1/15/2024                 |

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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> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| law or regulation, or these regulations specifically require or permit the provider to disclose certain specific information.<br>1. Providers shall maintain the confidentiality of any information that identifies an individual. If an individual's services record pertains in whole or in part to referral, diagnosis or treatment of substance use disorders, providers shall disclose information only according to applicable federal regulations (see 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records). |             | failed ensure that Individual #1's identifying information that a provider maintains or knows remain confidential. | from the lobby to conduct discharges or the ante room so that information can be discussed privately with the guardian and/or authorized representative. Upon completion of the training, the nurses signed an attestation regarding the training topics.<br><br>OHR/OLR) Partially Accepted 01/19/2024<br><br><br><br><br><br><br>PR) 02/02/2024<br><br>Compliance with conducting completing discharge paperwork in the discharge room or identified areas that provide privacy will monitored via in person observations of discharges. The nursing leadership team or designee will conduct weekly in person audits to determine if discharge paperwork is completed in the discharge room or identified areas that provide privacy. Data of compliance with completing the discharge paperwork in a private area will be provided monthly to the performance improvement committee.<br><br>OHR/OLR) Accepted 02/05/2024 |                           |

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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.                                                                                                           |             |                                     |                            |                           |
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 30%; border-top: 1px solid black; text-align: center;">Amaya Henderson, Human Rights</div><div style="width: 35%; border-top: 1px solid black; text-align: center;">(Signature of Organization Representative)</div><div style="width: 30%; border-top: 1px solid black; text-align: center;">Date</div></div> |             |                                     |                            |                           |
| C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined                                                                                                                                                                                                                                                                                                               |             |                                     |                            |                           |