

**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: **05-16-2024**

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.		6/20/2024
12VAC35-115-110. C. (9a) - The provider's duties. 9. Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. 9a. Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third party payers, the provider shall comply	N	Poplar Springs-Adolescents "Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third-party requirements as they relate to seclusion and restraint." This regulation was NOT MET as evidenced by: Upon review of CHRIS entry, A:20240058, the provider's investigation included eyewitness statements and a review of video footage which revealed: Employee #1 and Employee #3 implemented an unauthorized physical restraint technique. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's finding of a regulatory violation.	PR) 06/20/2024 The provider agrees with this citation. Employee 1, Employee 2 and Employee 3 failed to use approved training or acted humanly. As a result, all three Employees have been terminated and the appropriate notifications to the appropriate authorities. To prevent this reoccurrence of this incident, the staff involved have been terminated and all other unit staff at the time of this incident have viewed the footage as a retraining opportunity. All staff are required to be retrained annually on handle with care during our internal skills fair by our Human Resource Training. Additionally, monthly handle with care classes are held for any staff that does not attend the annual skills fair. Any staff who fail to attend any of the training opportunities are removed from the schedule by the Director of Human Resources and the CNO. In addition to monthly Handle with Care training opportunities, all employees are trained annual on therapeutic boundaries through our internal electronic training system which any non-compliance is reported to the training coordinator. This Risk Manager will continue weekly camera reviews, be onsite during codes resulting in restraints	6/20/2024

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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>
with the higher standard.			and/or camera reviews of restraints to ensure the compliance with approved restraint techniques. Any concerns regarding use of restraint or use of improper restraint will be addressed immediately. OHR/OLR) Not Accepted 07/01/2024 PR) 07/12/2024 Employee 1 remains on indefinite administrative leave (with the intent to terminate once the police and CPS have finalized their investigation). employee 2 was terminated immediately following this event and Employee 3 resigned immediately following this event. After the completion of our internal investigation, Employee 4 was brought back to work but was required to complete Human Rights training. Verification of the employee's termination, resignation and retraining has been submitted to the Office of Human Rights. OHR/OLR) Accepted 07/25/2024 CAP Not accepted. Verification of corrective actions have not been provided.	
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	Poplar Springs-Adolescents 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	PR) 06/20/2024 The provider agrees with this citation. Employee 1, Employee 2 and Employee 3 failed to use approved training or acted humanly. As a result, all three Employees have been terminated and the appropriate notifications to the appropriate authorities. To prevent this reoccurrence of this incident, the staff involved have been terminated and all other unit staff at the time of this incident have viewed the footage as a retraining	6/20/2024

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		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. "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. Upon review of CHRIS entry, A:20240058, the provider's investigation included eyewitness statements and a review of video footage which revealed: - Employee #1 pinned Individual #1 against the wall in the dayroom area. - Employee #1 had their hands around Individual #1's neck. - Employee #1 raised Individual #1 up off of the floor, then let them go. - Employee #2 ordered the removal of Individual #1's clothing in the seclusion room. - Employee #2 failed to follow the provider's policy with issuing safety clothing to Individual #1 while in seclusion. - Individual #1 remained in the seclusion room for more than 45 minutes without clothing. - Employee #3 pulled Individual #1 by their foot across the seclusion room floor. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse and neglect.	opportunity. All staff are required to be retrained annually on handle with care during our internal skills fair by our Human Resource Training. Additionally, monthly handle with care classes are held for any staff that does not attend the annual skills fair. Any staff who fail to attend any of the training opportunities are removed from the schedule by the Director of Human Resources and the CNO. In addition to monthly Handle with Care training opportunities, all employees are trained annual on therapeutic boundaries through our internal electronic training system which any non-compliance is reported to the training coordinator. This Risk Manager will continue weekly camera reviews, be onsite during codes resulting in restraints and/or camera reviews of restraints to ensure the compliance with approved restraint techniques. Any concerns regarding use of restraint or use of improper restraint will be addressed immediately. OHR/OLR) Not Accepted 07/01/2024 PR) 07/12/2024 Employee 1 remains on indefinite administrative leave (with the intent to terminate once the police and CPS have finalized their investigation). employee 2 was terminated immediately following this event and Employee 3 resigned immediately following this event. After the completion of our internal investigation, Employee 4 was brought back to work but was required to complete Human Rights training. Verification of the employee's termination, resignation and retraining has been submitted to the Office of Human Rights. OHR/OLR) Accepted 07/25/2024	

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			CAP Not accepted. Verification of corrective actions have not been provided.	

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