

**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: **09-19-2025**

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

<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- West Campus This regulation was NOT MET as evidenced by: See OHR citation.		4/18/2025

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-115-260. B. (2d) - Providers shall require their employees to: 2. Protect individuals from any form of abuse, neglect, or exploitation by: 2d. Reporting all suspected abuse, neglect, or exploitation to the director;	N	Poplar Springs- West Campus Providers shall require their employees to: Protect individuals from any form of abuse, neglect, or exploitation by: Reporting all suspected abuse, neglect, or exploitation to the director This regulation was NOT MET as evidenced by: Upon review of the investigative summary into CHRIS entry A:20250051, OHR Advocate determined: Employee #2 failed to report suspected neglect to the director. Based on the information provided, there is a preponderance of evidence to support a violation of this regulation.	PR) 10/20/2025 The provider acknowledged this citation. The provider has a zero tolerance for being under the influence at work. As a result, this employee 1 was placed on administrative leave until the completion of the investigation. The employee was terminated as a result. The facility conducts random drug screens and has implement See Something, Say Something where staff completed a training on the importance of patient rights and reporting issues (whether to their direct supervisor or on the UHS compliance line). the compliance line is reported directly to the Director of Human Resources, which is then investigated by the CEO, Director of Human Resources and/or this Risk Manager when needed. Employee 2 was the nursing supervisor the night this incident occurred, and followed the chain of command by contact her manager which was the program director who sent employee 1 home. However, she failed to contact Human resources and/or the West Camous director. The staff received education by the Ex. Director of the West Campus. The Risk Manager conducts daily camera reviews to monitor staff/patient behaviors and nursing supervisors have been hired to provide additional oversight on the unit. This will be ongoing. OHR/OLR) Accepted 11/10/2025	4/18/2025

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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	Poplar Springs- West Campus This regulation was NOT MET as evidenced by: "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:20250051, the provider's investigation included an interview with Individual #1, Employee #1 and other staff, and a review of the provider's policies which revealed: Employee #1 reported to work, was off balance and smelled of alcohol. Employee #1 began hugging Individual #1 and other patients excessively. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 10/20/2025 The provider acknowledged this citation. The provider has a zero tolerance for being under the influence at work. As a result, this employee was placed on administrative leave until the completion of the investigation. The employee was terminated as a result. The facility conducts random drug screens and has implement See Something, Say Something where staff completed a training on the importance of patient rights and reporting issues (whether to their direct supervisor or on the UHS compliance line). the compliance line is reported directly to the Director of Human Resources, which is then investigated by the CEO, Director of Human Resources and/or this Risk Manager when needed. The Risk Manager conducts daily camera reviews to monitor staff/patient behaviors and nursing supervisors have been hired to provide additional oversight on the unit. This will be ongoing. OHR/OLR) Accepted 11/10/2025	4/18/2025

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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				