

**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: 09-30-2025

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.		
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- West Campus This regulation was NOT MET as evidenced by: "Upon receipt of a complaint, providers shall: Report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate." Upon review of the CHRIS entry C-20250082, Employee #1 failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. The investigative findings were due on 7/29/25. As of 9/29/25, investigative findings have not been entered.	PR) 10/22/2025 The provider agrees with this citation, as the provider failed to provide a written report of the findings of the result of our internal investigation in a timely manner. In an effort to prevent this from reoccurring, the provider's staff is using an excel tracking system to keep track of all CHRIS entries/ completion of investigative results and/or follow-up required. As an additional step, the provider met with representatives from the Office of Human Rights to get technical assistance and shared with them the tracking system that will be used internally to monitor all CHRIS entries and investigation results. A designated back-up has also been identified internally to support our Patient Advocate and to input entries in their absence and our internal communication will update the Patient Advocate of any CHRIS entries and investigative results completed in their absence so they can update the tracker upon their return to the office. OHR/OLR) Accepted 11/10/2025	07/10/2025 00:00:00

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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				