

**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: 12-17-2025

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.		
12VAC35-115-50. 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: Upon review of CHRIS entry A:20250071, the provider's investigation included an interview with Employee #1 and a review of the provider's policy which revealed: • Individual #1 began to bang her head on the floor in the milieu. • Employee #1 assisted Individual #1 and escorted her out of the milieu. • Employee #1 failed to report incident per the provider's policy. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 06/12/2026 The provider acknowledges the findings of this citation. The investigation substantiated that Individual #1 engaged in self-injurious behavior and that Employee #1 intervened appropriately to ensure the individual's immediate safety. However, Employee #1 failed to report the incident in accordance with the provider's policy. In response, the provider has re-educated Employee #1 on mandatory reporting requirements and reinforced expectations for timely and accurate incident reporting. Additionally, the provider has implemented re-training for all direct care staff on abuse, neglect, and incident reporting procedures to ensure full compliance with policy and regulatory requirements. Ongoing monitoring and supervisory oversight will be conducted to ensure adherence to reporting protocols and prevent recurrence. OHR/OLR) Accepted 06/18/2026	08/14/2025 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				