

**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: **06-16-2026**

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.		
12VAC35-115-260. A. (11) - Providers, through their directors, shall: 11. Cooperate with the human rights advocate and the LHRC to investigate and correct conditions or practices interfering with the free exercise of individuals' human rights and make sure that all employees cooperate with the human rights advocate, the LHRC, and the SHRC in carrying out their duties under this chapter;	N	Poplar Springs- West Campus This regulation was NOT MET as evidenced by: • Per licensing report CAP Inspection #693, the provider's CAP response was due on 1/29/2026 Upon review, Employee #1 failed to adhere to the established deadline as instructed.	PR) 08/12/2026 Upon review of CAP Inspection #693, it was determined that the provider's CAP response was due on January 29, 2026, and was not submitted by the required deadline. This FRM mistakenly believed the CAP was related to a previously addressed matter involving Employee #1 and the Office of Human Rights and was unaware that it pertained to a separate issue requiring an independent response. Upon recognizing the oversight, corrective measures were implemented to prevent recurrence. This FRM remains responsible for monitoring, responding to, and overseeing all CAP requirements and will continue to routinely review CONNECT for CAP notifications, due dates, implementation status, and required corrective actions to ensure timely submission and compliance. This monitoring process will be maintained on an ongoing basis OHR/OLR) Accepted 08/21/2026	08/12/2026 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.				
_____ Bridgette Bland, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				