

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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Investigation ID: 167

License #: 986-14-003

Organization Name: Poplar Springs Hospital

Date of Inspection: 12-01-2022

Program Type/Facility Name: 14-003

No Violation

General Comments / Recommendations:

This Specialist recommends the provider checks the condition of the latches on each gate more regularly to see if they need to be replaced more often so that wear and tear isn't a factor again

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.

Lauren Allen, Investigator

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined