

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

Page: 1 of 2

License #: **986-14-003**

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **10-13-2021**

Program Type/Facility Name: **14-003 Poplar Springs Hospital**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-70. - Compliance with human rights regulations	N	Poplar Springs Hospital Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115). Human Rights Regulations: 12VAC35-115-50 (B)(2): Dignity "In receiving all services, each individual has the right to be protected from harm including abuse, neglect, and exploitation". "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 This regulation was NOT MET as evidenced by: Upon review of CHRIS entries A-20210404 and A-20210405, the provider's investigation determined that patients were able to move freely between hallways without staff re-direction due to Employee #1 being on Employee #1's personal cell phone, Employee #1 failed to complete rounding/checks timely, and neglect was found.	PR) 11/04/2021 PR: Employee #1 was terminated as a result of the incident. The program director will monitor staff interactions and engagement skills with patients. OLR) Accepted 11/18/2021 OHR Accepted 11/8/2021	10/13/2021

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General Comments / Recommendations: Inspection ID: 476 Location: Poplar Springs Please respond with acceptable corrective action to cheryl.young@dbhds.virginia.gov and tonya.carr@dbhds.virginia.gov by 11/4/2021.				
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.				
Tonya Carr, Legal Operations Manager		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				