

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

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **04-05-2022**

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. - 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). | N           | Poplar Springs Hospital<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below. | PR) 05/16/2022<br><br>The Associate Administrator/Patient Advocate and Director of PI/Risk Management met to review the citation. At the end of each week, the Director of PI/Risk Management will review with the Associate Administrator/Patient Advocate all cases entered into CHRIS and follow up on those that have not had a final disposition of the investigation entered to ensure timely completion via printing a summary of open case in CHRIS<br><br>The Director of PI/Risk Management will utilize an audit tool to monitor and audit the completion of the final investigation report entered into the department's web-based reporting application within 10 working days from the date the investigation begins.<br><br>Aggregated data on compliance with the completion of the final investigation report being entered into CHRIS will be reported monthly to the performance improvement committee.<br><br>Audits will be conducted for 3 months and determined then if continued monitoring is required.<br><br>OLR) Accepted 05/19/2022 | 8/31/2022                 |

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| <b>Standard(s) Cited</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Comp</b> | <b>Description of Noncompliance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Actions to be Taken</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Planned Comp. Date</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred; | N           | <p>Poplar Springs Hospital</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Upon review of CHRIS entry 20220062, the provider became aware of the incident on 1/21/2022 and the date of the investigator's final report was 3/28/2022. As a result, the provider failed to complete the final report to the department within the 10 working days.</p> <p>Upon review of CHRIS entry 20220116, the provider became aware of the incident on 2/28/2022 and the date of the investigator's final report was 3/30/2022. As a result, the provider failed to complete the final report to the department within the 10 working days.</p> <p>Upon review of CHRIS entry 20220178, the provider became aware of the incident on 3/16/2022 and the date of the investigator's final report was 4/4/2022. As a result, the provider failed to complete the final report to the department within the 10 working days.</p> | <p>PR) 05/16/2022</p> <p>The Associate Administrator/Patient Advocate and Director of PI/Risk Management met to review the citation. At the end of each week, the Director of PI/Risk Management will review with the Associate Administrator/Patient Advocate all cases entered into CHRIS and follow up on those that have not had a final disposition of the investigation entered to ensure timely completion via printing a summary of open case in CHRIS</p> <p>The Director of PI/Risk Management will utilize an audit tool to monitor and audit the completion of the final investigation report entered into the department's web-based reporting application within 10 working days from the date the investigation begins.</p> <p>Aggregated data on compliance with the completion of the final investigation report being entered into CHRIS will be reported monthly to the performance improvement committee.</p> <p>Audits will be conducted for 3 months and determined then if continued monitoring is required.</p> <p>OHR/OLR) Accepted 05/17/2022</p> <p>OHR Response: Accepted</p> | 8/31/2022                 |

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| <u>Standard(s) Cited</u>                                                                                                                                                                                                                                                                                     | <u>Comp</u> | <u>Description of Noncompliance</u>        | <u>Actions to be Taken</u> | <u>Planned Comp. Date</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------|----------------------------|---------------------------|
| <b>General Comments / Recommendations:</b><br><b>None at this time</b>                                                                                                                                                                                                                                       |             |                                            |                            |                           |
| <p>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.</p> |             |                                            |                            |                           |
| <hr/>                                                                                                                                                                                                                                                                                                        |             | <hr/>                                      |                            | <hr/>                     |
| Tonya Carr, Legal Operations Manager                                                                                                                                                                                                                                                                         |             | (Signature of Organization Representative) |                            | Date                      |
| <p>C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined</p>                                                                                                                                                                                                     |             |                                            |                            |                           |