

**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: 04-12-2022

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>
12VAC35-105-150. (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 Hospital This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 06/10/2022 PR: Employee #1 resigned on 3/23/22 prior to being terminated as a result of the incident. The program director will monitor staff interactions and engagement skills with patients. OLR) Partially Accepted 06/23/2022 See OHR response below and resubmit. PR) 07/08/2022 The Director of Operations held staff meetings on 5/16/22 and 5/18/22 to review milieu management, therapeutic communication and boundaries, when to call for assistance and patient supervision. In review of milieu management discussion was had regarding incidents on the units to include proper use of de-escalation skills, proper use of restraint techniques, power struggles and calling for assistance as needed. The Director of Operations quizzed staff after each meeting to ensure proper comprehension of items discussed and reviewed. The Director of Operations will continue to provide educations and reviews during staff meetings of various topics to ensure staff compliance and understanding. OLR) Accepted 07/20/2022	5/18/2022
12VAC35-115-50. B. (2) - In receiving all services, each	N	Poplar Springs Hospital	PR) 06/10/2022 PR: Employee #1 resigned on 3/23/22 prior to being terminated as a result of the incident.	5/18/2022

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individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.		This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A-20220174, the provider's investigation of abuse included eyewitness statements which revealed: Employee 1 physically abused Individual 1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	The program director will monitor staff interactions and engagement skills with patients. OHR/OLR) Partially Accepted 06/17/2022 OHR Response: Partially Accepted - The provider's corrective action describes a minimum standard form of practice. The provider must include the additional steps taken to address the performance issue and prevent future occurrences. PR) 07/08/2022 The Director of Operations held staff meetings on 5/16/22 and 5/18/22 to review milieu management, therapeutic communication and boundaries, when to call for assistance and patient supervision. In review of milieu management discussion was had regarding incidents on the units to include proper use of de-escalation skills, proper use of restraint techniques, power struggles and calling for assistance as needed. The Director of Operations quizzed staff after each meeting to ensure proper comprehension of items discussed and reviewed. The Director of Operations will continue to provide educations and reviews during staff meetings of various topics to ensure staff compliance and understanding. OHR/OLR) Accepted 07/20/2022	

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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.				
Tonya Carr, Legal Operations Manager (Signature of Organization Representative) Date				
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				