

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

Page: 1 of 3

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **04-20-2022**

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>
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Page: 2 of 3

License #: 986-14-003

Organization Name: Poplar Springs Hospital

Date of Inspection: 04-20-2022

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 This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 05/16/2022 Employee #1 was provided a preventative counseling corrective action after determining he was not in compliance with policy# 2318 levels of observation resulting in an altercation between two patients on the 2 West unit. Employee #1 acknowledged receipt and understanding of policy# 2318 levels of observation. OLR) Accepted 05/19/2022	4/11/2022
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry A-20220169, the peer physically abused individual on 3/15/2022 and staff failed to enforce the policy and procedures related to protection from harm.	PR) 05/16/2022 Employee #1 was provided a preventative counseling corrective action after determining he was not in compliance with policy# 2318 levels of observation resulting in an altercation between two patients on the 2 West unit. Employee #1 acknowledged receipt and understanding of policy# 2318 levels of observation. OHR/OLR) Accepted 05/17/2022 OHR Response: Accepted	4/11/2022

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Page: 3 of 3

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General Comments / Recommendations:
None

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