

**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: **06-07-2022**

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>
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: CHRIS Number: 20220212 Date/Time of Discover: 05/31/2022 2:58PM Enter Date/Time: 06/03/2022 12:47PM Reporting Delay: 45:49:00 Location Name: Poplar Springs Hospital	PR) 06/29/2022 The Director of Risk Management and Patient Advocate met to review the citation for Chris # 20220212 and why a citation was issued. The Patient Advocate entered the incident under the OHR abuse/neglect side of CHRIS within 24 hours however did not recall that the incident also met criteria for being entered on the OL side of CHRIS under the serious injury/death tab. The Director of Risk Management reviewed with the Patient Advocate the incidents that must be reported under the serious injury/death tab of CHRIS within 24 hours. per regulation. The Director of Risk Management and the Patient Advocate will review incidents daily to ensure incidents reportable under the serious injury/death tab are entered into CHRIS within 24 hours of the incident. The Director of Risk Management will audit compliance of CHRIS notification within 24 hours of the incident of incidents reportable under the serious injury/death tab. Aggregated data on compliance with the CHRIS notification within 24 hours of incidents reportable under the serious injury/death tab will be reported monthly to the performance improvement committee. Audits will be conducted for at least 3 months with 100% compliance. OLR) Partially Accepted 06/30/2022	6/10/2022

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			In addition to the above, the provider response needs to include the following: Please indicate a new Completion Date. Completion Date of 10/1/22 is NOT ACCEPTABLE as it is too far in the future. Monitoring should occur on a regular frequency and should extend far beyond the completion date. PR) 07/15/2022 The Director of Risk Management and Patient Advocate met to review the citation for Chris # 20220212 and why a citation was issued on 6/10/2022. The Patient Advocate entered the incident under the OHR abuse/neglect side of CHRIS within 24 hours however did not recall that the incident also met criteria for being entered on the OL side of CHRIS under the serious injury/death tab. The Director of Risk Management reviewed with the Patient Advocate the incidents that must be reported under the serious injury/death tab of CHRIS within 24 hrs per regulation. The Director of Risk Management and the Patient Advocate will review incidents daily to ensure incidents reportable under the serious injury/death tab are entered into CHRIS within 24 hours of the incident. A visual aid was also created to use when reviewing incidents to determine if they are reportable under the serious injury/death tab. The Director of Risk Management will audit compliance of CHRIS notification within 24 hours of the incident of incidents reportable under the	

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			serious injury/death tab. Aggregated data on compliance with the CHRIS notification within 24 hours of incidents reportable under the serious injury/death tab will be reported monthly to the performance improvement committee. Audits and daily review will be conducted ongoing for continued 100% compliance with notification within 24 hours of incidents reportable under the serious injury/death tab. OLR) Accepted 07/15/2022	

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.

Lakesha Steele, Incident Management
Unit

(Signature of Organization Representative)

Date

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