

**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: **09-27-2022**

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.		

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Organization Name: Poplar Springs Hospital

Date of Inspection: 09-27-2022

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>
12VAC35-115-50. 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: “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. Based on the review of CHRIS entry A-20220304, 20220305, 20220306 and 20220307, the provider’s investigation was substantiated for neglect based on the following: • Eyewitness statements and review of video footage which revealed a performance issue demonstrated by Employee 1, Employee 2 and Employee 3. • Individual 1, Individual 2, Individual 3 and Individual 4 were transitioning from the gymnasium back to their unit. • An entrance gate to the facility was left open, and the individuals eloped from the campus due to the gate being left open.	PR) 10/21/2022 The RTC Operations Manager and Program Managers met with the residential mental health technicians to review the importance of following the program schedule, AWOL prevention and communicating via two way radio when transitioning between the ungated areas. The Operation and Program manage also reviewed with the team the need to ensure the exit gates are closed prior to any transition taking place and for no transitions to take place outside of authorized times per the program schedule. The RTC Executive Director, RTC Operations Manager and Program Manager also use shift hound as a means to communicate with their team to ensure compliance. A score card was developed for RTC Leadership to use for tracking use of two way radios for communication and transitioning. The scorecard tracks compliance with communicating transitions and needs while with the residents. The score cared is presently weekly to the CEO and Risk manager for review and compliance. OHR/OLR) Accepted 10/27/2022	9/1/2022

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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.				
_____ Cassie Purtlebaugh, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				