

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

Page: 1 of 4

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-26-2023**

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.		1/9/2023

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

Page: 2 of 4

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-26-2023**

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>
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: Upon the Human Rights Advocate independent review of CHRIS Report A-20220345, the provider failed to provide medical attention to Individual #1: • Per the provider's policy, the provider failed to provide a face to face evaluation by a physician within one hour of the initiation of the restraint. • Provider was unable to provide documentation of Individual #1's injuries, as evidence that medical attention was provided; as result, this is a violation of 12VAC35-115-60(B)(2).	PR) 02/22/2023 The nursing leadership team conducted a documentation clinic on Wednesday, Jan. 4 (0800 & 1500); Thursday, Jan. 5 (0800 & 1500); Friday, Jan. 6 (0730 & 1300); and Monday, Jan. 9 (1700) to review the nursing forms and processes with all nurses. The documentation clinic included trainings on seclusion and restraint documentation, handoff communication, and nursing documentation. Upon completion of the training, each instructor signed off on each topic covered and the employee signed attestations acknowledging their understanding of the training. The Chief Nursing Officer and/or designee will monitor and audit 100% of all seclusion and restraint packets for compliance with conducting a face to face evaluation within one hour of the initiation of the restraint. In addition to monitoring and auditing for documentation of injuries and medical attention provided. Non-compliance will be addressed with additional retraining and/or disciplinary action if appropriate. OHR/OLR) Accepted 02/24/2023	1/9/2023

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

Page: 3 of 4

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-26-2023**

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>
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: Upon the Human Rights Advocate independent review of CHRIS Report A-20220345, the provider failed to ensure that Individual #1's service records were authentic, accurate, complete, timely, and pertinent: The provider was unable to provide documentation of Individual #1's injuries; as result, this is a violation of 12VAC35-115-60(B)(8).	PR) 02/22/2023 The nursing leadership team conducted a documentation clinic on Wednesday, Jan. 4 (0800 & 1500); Thursday, Jan. 5 (0800 & 1500); Friday, Jan. 6 (0730 & 1300); and Monday, Jan. 9 (1700) to review the nursing forms and processes with all nurses. The documentation clinic included trainings on seclusion and restraint documentation, handoff communication, and nursing documentation. Upon completion of the training, each instructor signed off on each topic covered and the employee signed attestations acknowledging their understanding of the training. The Chief Nursing Officer and/or designee will monitor and audit documentation of injuries and medical attention provided. Non-compliance will be addressed with additional retraining and/or disciplinary action if appropriate. OHR/OLR) Accepted 02/24/2023	1/9/2023

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

Page: 4 of 4

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-26-2023**

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