

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

Page: 1 of 2

License #: 986-14-003

Organization Name: Poplar Springs Hospital

Date of Inspection: 10-24-2023

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.		
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. Provider substantiated abuse based on the following: Upon review of CHRIS entry A-20230072, the provider's investigation determined physical abuse was substantiated based on eye witness	PR) 11/28/2023 Employee #1 was terminated from the position of Mental Health Technician due to failure to use any de-escalation attempts or initiating proper use of restraint. All employee receive training in verbal de-escalation and semi-annual training for Handle With Care to ensure proper use of restraint techniques. Staff are also provided training on abuse and neglect during annual skills fair. OHR/OLR) Accepted 11/28/2023	9/15/2023

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		statements. • Upon review of the provider's written investigation summary dated 9/14/2023: ◦ Employee #1 and Individual #1 were going back and forth verbally for a good portion of the day. Employee #1 made statements to Individual #1 that were in violation of the facility's service excellence program and code of conduct. Individual #1 spat at Employee #1 and hit Employee #1. Employee #1 turned around and got into physical altercation with Individual #1. ◦ Per witness statements, Employee #1 did not take a defensive stance, but instead began to fight Individual #1. There were no reports of any attempts at de-escalation. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.		

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