

**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: **11-30-2023**

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.		10/25/2023

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Date of Inspection: 11-30-2023

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>
12VAC35-115-175. F. (3) - Additional requirements for complaints involving abuse, neglect, or exploitation: 3. The program director shall notify the department and authorized representative, if applicable, of an allegation of abuse or neglect within 24 hours of the receipt of the allegation.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: <i>The program director shall notify the department and authorized representative, if applicable, of an allegation of abuse or neglect within 24 hours of the receipt of the allegation.</i> - Per the provider, incident on 9/4/2023 was not reported to Individual #1's legal guardian. The provider admitted that they failed to notify the legal guardian within 24 hours regarding the allegation: - Provider failed to follow CSA contract requirements with Entity #1 Based on the provider's admission, there is a preponderance of evidence to support a violation of this regulation. 12VAC35-115-175(F)(3)	PR) 12/26/2023 The Director of Risk Management, Patient Advocate, and Associate Administrator met to review the complaint submitted by individual #1's legal guardian. Upon review of the complaint it was determined that the facility was not utilizing the after-hours number as listed and not providing written notification based upon the CSA contract requirements. A zoom meeting was held with The Chief Executive Officer, Associate Administrator, Director of Risk Management and individual #1's legal guardian and other agency representative to discuss the reporting requirements. Upon completion of the call notifications were made to all members of the residential leadership team of the after-hours number that should be used for notifications of all incidents within 24hrs. The facility also determined that the reporting requirements of the CSA contract would be adopted as the reporting guidelines for all localities with residents in the residential program. OHR/OLR) Accepted 12/27/2023	10/25/2023

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