

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

Page: 1 of 3

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-23-2024**

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: "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. Upon review of CHRIS entry A:20230088, the provider's investigation included staff interviews and a review of the provider's policies which revealed: - Employee #1 was requested to take Individual #1 and peers to the unit by Employee #2. - Employee #1 responded to an incident while	PR) 02/25/2024 he Director of Risk Management met with the Director of Clinical Services to determine if the clinical team members were using walkie talkies when transporting patients on campus and if they had received any training. The Director of Risk Management also met with the RTC Operations Manager to determine if any additional walkie talkies were needed to ensure the mental health techs were in compliance of AWOL prevention protocol when transporting residents on campus. Upon the completion of the meeting it was determined that the clinical team members did not have walkie talkies nor had a training been completed with them. IT was also determined that additional walkie talkies were needed for the mental health techs to stay in compliance. The Director of Risk Management provided all	1/26/2024

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

Page: 2 of 3

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-23-2024**

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>
		Individual #1 began running away from campus. - Employee #1 did not have access to a walkie-talkie to alert of Individual #1's AWOL. - Employee #1 and Employee #2 did not follow provider's policy regarding transporting Individuals. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	members of the clinical team walkie talkies for use while transporting residents on campus. Additional walkie talkies were also provided to the RTC Operations Managers to ensure they were accessible for use. The RTC Operations Manager established a sign in/sign out page for staff to utilize to ensure the return of the walkie talkies upon the completion of staff shift. The Director of Clinical Services and the RTC Operations Manager will conduct random audits three times per week to ensure staff are in possession of walkie talkies when transporting the residents on campus. Data from the audits will be presented to the patient safety committee for 3 months to ensure compliance. OHR/OLR) Accepted 03/04/2024	

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

Page: 3 of 3

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **01-23-2024**

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				