

**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: 04-16-2024

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: "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. Upon review of CHRIS entry, A-20240033, and the provider's investigative finding, the following was revealed: Per statement from Employee #1, Employee #1 admitted to head-butting Individual #1.	PR) 05/08/2024 The provider acknowledged this citation. Employee 1 was horseplaying with resident. Resident 1 involved herself in the horseplaying. The provider recognizes that horseplaying is not appropriate and staff's actions were inappropriate despite the intent. The staff was counseled on their behavior. In order to prevent further incidents of this type, all RTC staff will receive a Therapeutic Boundaries refresher during May's staff meetings. OHR/OLR) Partially Accepted 05/09/2024 OHR response: Partially Accepted - The CAP notification sent to you included an attached letter of important instructions for how to respond to aid in the acceptance of your CAP. This letter advised you to include	5/31/2024

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		Employee #1 and an individual receiving services were engaged in a head-butting activity and Individual #1 reportedly requested to engage in the activity. Based on a preponderance of the evidence, Employee #1 failed to ensure the health and safety of Individual #1 by actions 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.	the following 4 points in detail in your response: - Provide a statement of the issue that led to non-compliance and state <u>how you corrected/will correct</u> the deficient practice in this specific violation. - Include a plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. - Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring</u> the plan <u>including how it will be monitored</u> (Ex: monthly audits, weekly chart reviews, daily checklist). - By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). I did not find that you included point 4. The provider is requested to provide Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring</u> the	

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			plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, PIP, etc.). PR) 05/09/2024 This citation has been corrected, as Employee received an informal warning from their direct supervisor. To prevent future incident, all RTC staff will be retrained on therapeutic boundaries. All staff will have a retraining at their monthly staff meeting on 5/28 and 5/29. The teachings of the retaining will be monitored daily by their interactions with residents but also by their assigned Program Director. Any areas of concern regarding staff and resident behavior will be addressed daily during morning RTC team meetings. Any concerns regarding staff behavior or interactions will be address by RTC Program Manager and/or Operations Manager. OHR/OLR) Accepted 05/09/2024	

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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				