

**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: **04-23-2024**

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> |
|--------------------------|-------------|-------------------------------------|----------------------------|---------------------------|
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Organization Name: Poplar Springs Hospital

Date of Inspection: 04-23-2024

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<br><br>This regulation was NOT MET as evidenced by: See OHR citation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |
| 12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175). | N           | Poplar Springs Hospital<br><br>This regulation was NOT MET as evidenced by: <ul style="list-style-type: none"> <li>Per statement from Employee #1 on 4/22/2024, the provider investigated the allegation internally and statements were taken at the time of the internal investigation. It is believed the incident occurred on either 11/2/2023 or 11/3/2023.</li> <li>Upon review of written statement of Individual #1, Individual #1 reported the allegation on 11/8/2024, which is the date the statement was signed by Individual #1. The date of entry into CHRIS is 3/18/2024. As a result, the provider failed to report the allegation to the department within 24 hours of receipt.</li> </ul> | PR) 05/10/2024<br><br>The provider failed to report this incident in a timely manner. The provider initially thought due to the nature of the incident, this was not an OHR issue, but an internal issue regarding staff's interactions with Individual 1. At the time of our internal investigation, Individual 1 and the employee involved reported they were horseplaying. The provider recognizes that the incident should have been reported regardless of the intent of the employee involved. Employee 1 now tracks all OHR concerns and OHR entries to ensure timely reporting and completion of investigations. Additionally, all RTC incident are reviewed daily by the Risk Manager and presented in RTC morning meetings with the RTC team to ensure all incidents are reported DBHDS.<br><br>OHR/OLR) Accepted 05/10/2024 | 4/1/2024                  |

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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