

**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: **05-02-2024**

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.		

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Page: 2 of 3

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Date of Inspection: 05-02-2024

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>
12VAC35-115-50. 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 entries, A:20240017, A:20240019, A:20240020, A:20240021, and A:20240022, the provider's investigation included interviews with Individual #1, Individual #2, Individual #3, and Individual #4. A review of video footage and an interview with Employee #1 which revealed: • Employee #1 was positioned behind the nursing station most of the scheduled time. • Employee #1 goes to the hallway and to the room where Individual #1, Individual #2, Individual #3, and Individual #4 are located. • Employee #1 returns to the nursing station leaving Individual #1, Individual #2, Individual #3 and Individual #4 in the room with the light off. • Employee #1 failed to position themselves where they could provide supervision to the individuals. Based on review of the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 05/28/2024 The provider acknowledges this citation. The provider's staff failed to provide appropriate supervision and intervene when the Individuals were not in their assigned rooms. Employee 1 has been placed on a final performance improvement plan, with random camera reviews and/or this risk manager reviewing footage of the Employee's shift. All RTC staff have had supervision expectations reinforced, hallway presence and re-trained on supervision/rounding protocol during their April staff meeting. Staff who missed the training received a write up and will still have to meet with this risk manager to sign the rounding protocol attestation. In addition, weekly camera reviews identify and address any lapse in staff supervision, in which staff will be held accountable based on the Rounding Disciplinary Track. OHR/OLR) Accepted 05/28/2024	5/3/2024

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Page: 3 of 3

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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				