

**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: 05-10-2024

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:20240038, the provider's investigation included eyewitness statements, an interview with Individual #1 and an interview with Employee #1 which revealed:	PR) 06/10/2024 The provider acknowledges this citation. However, the provider would like the department to know that Individual 1 was acting out, being aggressive in the unit and attempted to enter from behind the nurse's station. In an attempt to keep Individual 1 safe from themselves by falling or accessing items from behind the nurse's station, Employee 1 grabbed Individual 1. This incident was verified by the Risk Manager upon Individual 1's complaint. Although Employee's 1 intentions were to prevent Individual 1 from injuring themselves, the provider recognizes the grab could be viewed as inappropriate or done in an aggressive manner. The Employee's assigned Program Manager met with the Employee to address Individual 1's concern and completed a preventative counseling. Additionally, this Risk Manager addressed with Individual 1's behavior, and staff's	4/29/2024

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		Employee #1 yanked Individual #1's shirt during an incident on the unit. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	behavior/reaction being appropriate based on Individual 1 being acting in an unsafe manner. The RTC Leadership team continues to reinforce appropriate interventions and boundaries with staff during monthly treatment team meetings or as needed. OHR/OLR) Partially Accepted 06/11/2024 PR) 06/10/2024OHR/OLR) Not Accepted 06/11/2024 CAP Not Accepted. PR) 06/12/2024 1. The provider' s staff used an inappropriate hold to prevent resident injury when the resident was engaging in unsafe behaviors. 2. To ensure the provider's staff does not engage in such behavior going forward, all staff have been trained by their respective Program Managers on therapeutic boundaries. 3. The RTC Leadership team and this Risk Manager will continue to review all incidents that occur in RTC daily during more Run-Down Meetings. This Risk Manager will also continue to review all restraint and seclusion packets as restraints/ seclusions occur. Staff will also continue to reinforce appropriate boundaries and using approved training techniques. Any staff who fail to use proper trainings will be subjected disciplinary action. 4. Staff have been restrained during their last	

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			month's treatment team meeting and any staff who have not been retained will be retrained during this month's meeting. Employee 1 has received preventative counseling from RTC Leadership. OHR/OLR) Accepted 06/20/2024	

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