

**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: **05-14-2024**

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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License #: 986-14-003

Organization Name: Poplar Springs Hospital

Date of Inspection: 05-14-2024

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:20240051 & A:20240052, the provider's investigation included a review of video footage and eyewitness statements which revealed: • Upon video review, Individual #1 and Individual #2 were engaged in sexual activity in the hallway in front of a patient room. • Employee #1 failed to follow the provider's policy regarding supervision. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 06/10/2024 The provider agrees with this citation, as the provider's staff did not provide adequate supervision which could have prevented the resident's inappropriate behavior. Employee 1 was observed on footage completing timely observation rounds, however, the provider's staff failed to follow the facilities program schedule. At the time of the incident, both residents would have been in their respective rooms. Employee 1 gave them permission to sit in the hallway to talk with their supervision. However, the physical plant has blind spots in that hallway in between all the room. Employee 1 failed to reposition themselves to better supervise the residents. Following this incident, this Employee was placed on a final corrective action plan. The plan specifically addresses the timeliness of rounds, supervision and management of residents in the milieu. This plan is for review for 90-days in which the RTC Leadership team will regularly review employee 1's rounds and this Risk manager will complete random camera reviews of Employee 1's rounds. Additionally, all RTC staff have been retrained and signed attestation on rounding expectations and the graduated discipline actions for failure to comply with rounding expectations. OHR/OLR) Accepted 07/01/2024	5/3/2024

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<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				