

**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: **08-09-2024**

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.		

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 3

License #: 986-14-003

Organization Name: Poplar Springs Hospital

Date of Inspection: 08-09-2024

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: "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:20240102, the provider's investigation included interviews with Individual #1 and Employee #1 and a review of video footage which revealed: - Employee #1 pushed Individual #1. - Employee #1 began beating Individual #1 with a closed fist. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of physical abuse.	PR) 08/28/2024 The provider agrees with this citation. Employee 1 failed to use proper training techniques. Employee 1 failed to use their verbal de-escalation and handle with care training. As a result, Employee 1 was immediately removed from the schedule pending the results of our internal investigation. Additionally, Employee 1 was terminated after the findings of this incident were substantiated. All new employees are trained in handle with care and verbal de-escalation during their orientation. To prevent the reoccurrence of future incidents of this type, all patient employees participate bi-annual skills fair which retrains employees in verbal de-escalation and handle with care. As an additional step. Handle with Care training is offered monthly for all staff. This risk manager also reviews all restraints whether on site or through a camera review, and handle with care trainers responds to all codes called as an additional measure to ensure patient safety. Their presence at codes, also provide technical assistance during restraints when needed. OHR/OLR) Accepted 09/10/2024	7/23/2024

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 3 of 3

License #: **986-14-003**

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **08-09-2024**

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>
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				