

**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: **12-18-2024**

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 See OHR citations below.		

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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. See § 37.2-100 of the Code of Virginia. Per the provider's investigative findings conducted through video review and staff admission, neglect was substantiated as Employee #1 did not follow policy and left their handbag in the patient area; which, allowed Individual #1 to gain access to a vape and utilize it.	PR) 01/15/2025 The provider agrees with this citation, as the provider's staff failed to secure her personal belongings. Additionally, this is a smoke free/vape free campus. As a result of this incident, staff lockers have been placed in a room in the staff area of the RTC unit. All staff have been briefed and are expected to securely store their personal items. This Risk Manager and the facility Administrations complete weekly rounds on various shifts to ensure staff compliance with supervision, environment of care, patient observation but also to ensure staff belonging are locked way. Monitoring by the Admin on Call is assigned weekly and will remain on-going. The staff was set to receive a corrective action for this incident, but resigned before the termination could be served by our Human Resources Department. This Risk Manager and AOC will continue to monitor staff securing their belongings during rotating weekly reviews across three shifts. This will be on-going. OHR/OLR) Accepted 01/31/2025	12/8/2024

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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>
12VAC35-115-50. D. (2) - The provider's duties: 2. Providers shall develop, carry out, and regularly monitor policies and procedures that assure the protection of each individual's rights.	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: Per the provider's investigative findings, Employee #1 did not follow written policies as Employee #1 left their handbag in the patient area, allowing Individual #1 and Individual #2 to gain access to a vape pen.	PR) 01/15/2025 The provider agrees with this citation, as the provider's staff failed to secure her personal belongings. Additionally, this is a smoke free/vape free campus. As a result of this incident, staff lockers have been placed in a room in the staff area of the RTC unit. All staff have been briefed and are expected to securely store their personal items. This Risk Manager and the facility Administrations complete weekly rounds on various shifts to ensure staff compliance with supervision, environment of care, patient observation but also to ensure staff belonging are locked way. Monitoring by the Admin on Call is assigned weekly and will remain on-going. The staff was set to receive a corrective action for this incident, but resigned before the termination could be served by our Human Resources Department. This Risk Manager and AOC will continue to monitor staff securing their belongings during rotating weekly reviews across three shifts. This will be on-going. OHR/OLR) Accepted 01/31/2025	12/7/2024

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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				