

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

Page: 1 of 2

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

Organization Name: **Poplar Springs Hospital**

Date of Inspection: **09-03-2026**

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>
12VAC35-46-765. H. (1e) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1e. Dates of admission and discharge;	N	Poplar Springs Hospital This regulation was NOT MET as evidenced by: At the time of the inspection, the discharge summary for Individual #8 was not signed and placed in record until after the 30 day requirement.	PR) 09/10/2026 The facility acknowledges that the discharge summary for Individual #8 was not signed and filed within the required 30-day timeframe following discharge. This delay was the result of an oversight in the discharge documentation completion process and not a failure to provide discharge planning or continuity of care services. Upon identification, the discharge summary will be promptly completed, signed, and placed in the medical record. The facility has reviewed the circumstances surrounding this occurrence and implemented corrective actions, including reinforcing discharge record completion requirements with providers, enhancing monitoring of outstanding documentation, and conducting periodic audits to ensure discharge summaries are completed, signed, and filed within regulatory timeframes. These measures are intended to prevent recurrence and ensure ongoing compliance with DBHDS documentation requirements. This will be monitored through monthly b-tag audits , which results will be shared in monthly medical executive meetings with all providers. This will be ongoing. OLR) Accepted 09/11/2026	9/30/2026

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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.				
_____ Christie Wilson, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				