

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

Investigation ID:72

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018

Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
640.B - Accept/serve children whose needs can be met	N	<p>12VAC35-46-640. Admission procedures. B. The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>According to staff statements, staff members were informed that Resident A's symptoms were caused by [REDACTED]. The providers Preadmission and Admission policy states exclusionary criteria for the facility includes an individual who is [REDACTED].</p>	<p>Clarification: Admissions did have information on the resident [REDACTED] but no information on resident [REDACTED]. This information was not reported through Admissions. According to one MHT staff, her statement indicated that the nurse indicated this "may" be [REDACTED].</p> <p>Admission assessments, therapist notes and referral packet was re-verified to confirm the above. Completed 09/14/2018</p> <p>OLR) Not accepted 9/20/18; Review of staff statements secured during investigation revealed that more than one staff referenced being informed that Resident A [REDACTED]. The provider's corrective action plan does not include a systematic approach to ensure future compliance. Please submit evidence (training agenda, etc) that ALL staff were trained/re-trained in recognizing [REDACTED] in patients and what appropriate actions should be implemented. Please remove staff name in "planned completion date" column and only include position who is responsible for actions in the "actions to be taken" column".</p> <p>PR: The Director of Nursing will educate all admissions and nursing staff in regards to recognizing signs and symptoms [REDACTED] upon admission. Completed 09/27/2018</p> <p>Admissions Policy was updated and going forward when a patient is referred from [REDACTED] program Admissions staff will request documented verification of medical clearance to include verification [REDACTED].</p> <p>Responsible Party to Monitor: Director of Nursing.</p> <p>OLR) Accepted October 2, 2018</p>	10/05/2018
70 - Compliance with human rights regulations	N	<p>12VAC35-46-70. Resident's rights. 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).</p> <p>Per Human Rights Regulation: 12VAC35-115-60. Services.</p>	<p>Nurse on duty was terminated on 09-18-18</p> <p>All nursing staff was retrained in the following to ensure compliance and prevent future errors Completed 07/26/18</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify 	09/18/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>A. Each individual receiving service shall receive those services according to law and sound therapeutic practice. B. The provider's duties. 3. Providers shall develop and implement policies and procedures that address emergencies. These policies and procedures shall: b. Identify qualified clinical staff who are accountable for assessing emergency conditions and determining the appropriate intervention;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>1. Provider's Internal Investigation FOUNDED NEGLECT on the part of staff for failure to appropriately address the medical needs of Resident A. DBHDS Human Rights advocate is in agreement with the provider's internal investigation of founded neglect.</p>	<p>follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed care.</p> <ul style="list-style-type: none"> • Appropriately manage resident/patient conditions based on the results of the assessment. This included education on GI assessments. • Abnormal findings from the nursing assessment and when to communicate to the attending physician. • Vital signs assessment and documentation. • The need to properly document all medical conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. • All staff educated on the Change in Patient Condition, e.g. who to report abnormal findings to and how to escalate concerns • Education done during nursing meeting on early warning score for vital signs completed 07/25/18 <p>Clarification: The provider's internal investigation FOUNDED NEGLECT. When entering the information into the CHRIS system only specific areas are available. In the past, the Risk Manager has been informed that "other" is not available to be used. The facility believes that the Nurse that was on duty on 6/29/2018 made a bad judgment decision but we are unable to determine if this was Neglect.</p> <p>OLR/HR) Partially Accepted 9/20/18; Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Submit evidence of all staff training/education (ex. meeting minutes, training agenda, staff sign- in sheet, etc) that was completed as stated in provider's response.</p> <p>OLR/HR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.</p>	
700.1 - P&P's for self-admissions and emergencies	N	<p>12VAC35-46-700. Emergency and self-admissions. Providers accepting emergency or self-admissions shall: 1. Develop and implement written policies and procedures governing such admissions that shall include procedures to make and document prompt efforts to obtain (i) a written placement agreement signed by the legal guardian or (ii) the order of a court of competent jurisdiction;</p> <p>This regulation was NOT MET as evidenced by:</p>	<p>The Emergency Admissions Policy has been completed.</p> <p>Emergency placement protocol includes the MD review for potential medical issues prior to acceptance. Admission Director reviewed the policy with the admission staff. Completed 07/16/18</p> <p>OLR) Partially Accepted 9/20/18; Please remove staff name in "planned completion date" column and only include staff</p>	07/16/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		At the time of Resident A's emergency admission, the facility did not have an Emergency Admissions Policy as required by regulation 700.1.	<p>position in "actions to be taken" column. Submit emergency admissions policy and evidence that admission director reviewed policy with admission staff (ex. meeting agenda, training agenda with staff signatures, etc). Please note that the year of 2016 is noted in the provider's action regarding when the policy was approved by the committee instead of 2018; please confirm the correct year.</p> <p>PR: The policy was approved by the forms committee on 07/16/18.</p> <p>Responsible Party to Monitor: Director of Admissions.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of emergency admission policy and evidence that admission staff reviewed the updated policy.</p>	
700.3 - Emergency meets criteria for admission	N	<p>12VAC35-46-700. Emergency and self-admissions. Providers accepting emergency or self-admissions shall: 3. Clearly document in written assessment information gathered for the emergency admission that the individual meets the facility's criteria for admission.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's preadmission screening form identifies significant medical concerns to be one of their exclusionary criteria. Documentation was submitted from Resident A's prior provider detailing [REDACTED]</p> <p>[REDACTED] In addition, the provider's prescreening form was not completed in its entirety as the disposition, rationale, and signatures were left blank on the document. The provider failed to clearly document that Resident A met the provider's criteria for admission.</p>	<p>The medical assessment on the call sheet has been revised to assure that the patient is suitable for admission. This includes VS, lab work, and current/active medical problems. All comprehensive collateral information is shared with the team each morning. Completed 07/13/18</p> <p>The acceptance letter was reviewed and amended in relation to emergency placements and new admits when new information comes to light. Completed 07/18/18</p> <p>Follow Up Notes document does outline the disposition and list the team members present. When the pre-screening is completed team member making the decision will sign the document.</p> <p>Clarification: The provider clearly documented that Resident A met the provider's criteria for admission during the prescreening process.</p> <p>OLR) Partially Accepted 9/20/18; Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit revised call sheet template, amended acceptance letter template, and follow up notes document for review. Regarding provider's clarification statement, due to the incompleteness of the providers preadmission screening form filed in the record, the provider failed to document that</p>	09/10/2018

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

Investigation ID:72

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018

Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>Resident A met the providers criteria for admission.</p> <p>PR: Responsible Party to Monitor: Director of Admissions.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted revised call sheet template, amended acceptance letter template, and follow up notes document for review.</p>	
710.D.1 - P&P's for application process determine needs of residents can be met	N	<p>12VAC35-46-710. Application for admission. D. Each facility shall develop and implement written policies and procedures to assess each prospective resident as part of the application process to ensure that: 1. The needs of the prospective resident can be addressed by the facility's services;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>At the time of Resident A's admission, the provider did not implement their own policies and procedures regarding preadmission screening. Admission documentation utilized by the clinical admission committee on 6/20/2018 for Resident A was not complete with, nor did anyone sign the documentation. The preadmission screening form for Resident A contains a reason for referral which addresses [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED] The referral information document is not signed by any of the clinical team members and the place for the team members to document their assessment on whether to admit, deny or pend is left blank.</p> <p>A review of admission documentation submitted revealed that the provider failed to ensure they had all the supporting documentation required in order to determine if admission for Resident A was appropriate as required by their policies and procedures.</p>	<p>The medical assessment on the call sheet has been revised to assure that the patient is suitable for admission. This includes VS, lab work, and current/active medical problems. All comprehensive collateral information is shared with the team each morning. Completed 07/13/18</p> <p>The pre admission screening form has been revised to include the labs, vital signs, lab work, and current/active medical problems in order to capture all medical issues from the previous placement. Completed 08/28/18</p> <p>Clarification: The document being referred to "nor did anyone sign the documentation". An old form was utilized by the Director of Admissions to present the information to the Leadership Team. As of 9/10/2018 the team member reviewing the preadmission document signs in the space provided.</p> <p>Clarification: The facility obtained all of the information forwarded by previous providers. All information was reviewed and determined that, with the information received, the youth was appropriate for admission.</p> <p>OLR) Partially Accepted 9/20/18; Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit policy for application for admission and the revised call sheet and revised pre-admission screening form for review. Providers pledge action plan does not include a systematic approach to ensure future compliance. Please submit evidence that admissions staff were re-trained on the providers revised admissions policy (ex staffing training agenda with staff signature, meeting agenda etc).</p> <p>Regarding provider's clarification statement #2, please note</p>	09/27/2018

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

Investigation ID:72

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018

Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>that the specific past providers names will be removed and only include the statement "previous provider". Previous provider documentation included [REDACTED] [REDACTED] [REDACTED] Therefore, the provider had knowledge in admission documentation that [REDACTED] [REDACTED] [REDACTED] In addition, the admission form titled "visual cue sheet admissions to the unit" was not completed and included an area titled "other risks" "medical concerns" where the admissions staff should have documented [REDACTED] which was documented on provider's pre-admission screening form. This information if identified on the providers "visual cue sheet for admissions" may have been a preventative notification to staff to observe [REDACTED]</p> <p>PR: Visual Cue Sheet reviewed with Admissions Coordinator. The document will be audited monthly and entered into Performance Improvement Committee. Completed 09/24/18</p> <p>Admissions Policy was updated and going forward when a patient is referred from a [REDACTED] program Admissions staff will request documented verification of medical clearance to include [REDACTED] [REDACTED]</p> <p>Responsible Party to Monitor: Director of Utilization Review.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted policy for application for admission and the revised call sheet and revised prescreening form for review.</p>	
800.A.1 - Structured program of care to meet physical and emotional needs	N	<p>12VAC35-46-800. Structured program of care. A. There shall be evidence of a structured program of care designed to: 1. Meet the residents' physical and emotional needs;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>1. Video footage from the unit on 6/29/18 showed Resident A [REDACTED] However, nursing notes reflect a failure to seek appropriate internal medical intervention or seek outside medical care</p>	<p>All nursing staff was retrained in the following</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed care. Appropriately manage resident/patient conditions based on the results of the assessment. This included education 	07/13/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		<p>for several hours.</p> <p>2. Documentation of Resident A's [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>3. Six written and signed statements from staff regarding events occurring on 6/29/2018 reflect several staff noting [REDACTED] [REDACTED] [REDACTED] Several staff members reported statements noting that Resident A [REDACTED] [REDACTED] Resident A displayed these behaviors from the beginning of their admission until they were taken out by medical emergency responders. Nursing staff appears to have been informed that Resident A needed medical attention, but such assistance was not provided. It was also noted that according to staff statements Resident A requested medical attention several times and it was not received.</p>	<p>on GI assessments.</p> <ul style="list-style-type: none"> • Abnormal findings from the nursing assessment and when to communicate to the attending physician. • Vital signs assessment and documentation. • The need to properly document all medical conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. • SBAR. <p>Nursing staff involved received disciplinary action in the form of written/final written warnings and termination.</p> <p>Retraining completed on clearly documenting in the residents' record.</p> <p>[REDACTED] [REDACTED] [REDACTED]</p> <ul style="list-style-type: none"> • All staff were educated on Change in Patient Conditions , e.g. who to report abnormal findings to and how to escalate concerns • Education done during nursing meeting on early warning score for vital signs. <p>[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex. meeting minutes, meeting agenda, signatures of staff present for training, etc). Regarding the clarification, the provider must ensure that actions to be taken being results are clearly documented in the residents records.</p> <p>PR: Responsible Party to Monitor: Director of Nursing</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff</p>	

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
800.A.2 - Structured program of care to provide protection, guidance, and supervision	N	<p>12VAC35-46-800. Structured program of care. A. There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>A review of the video tape during the two hour period prior to Resident A being taken out by emergency medical personnel showed staff did not provide for adequate supervision or protection to Resident A. This is evidenced by [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>training and education.</p> <p>All nursing staff was retrained in the following</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed care. Appropriately manage resident/patient conditions based on the results of the assessment. This included education on GI assessments. Abnormal findings from the nursing assessment and when to communicate to the attending physician. Vital signs assessment and documentation. The need to properly document all medical. Conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. All staff educated on Change in Patient Conditions, e.g. who to report abnormal findings to and how to escalate concerns. Education done Nursing meeting on Early Warning Score for vital signs. <p>Nursing staff involved received disciplinary action in the form of written/final written warnings and termination completed 07/25/18</p> <p>Clarification: Adequate supervision was provided via the camera. Staff was positioned in the hallway observing the day room and hallway.</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex meeting minutes, meeting agenda, signatures of staff present for training, etc).</p> <p>Regarding clarification, [REDACTED] does not demonstrate adequate supervision or protection.</p> <p>PR: Responsible Party of Monitor: Director of Nursing</p> <p>OLR) Accepted October 2, 2018</p>	07/26/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
810.A.1 - P & P's regarding arranging medical/dental services identified at admission	N	<p>12VAC35-46-810. Health care procedures. A. The provider shall have and implement written procedures for promptly: 1. Providing or arranging for the provision of medical and dental services for health problems identified at admission;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider self-reported that intake staff was informed by Resident A at intake that Resident A had [REDACTED] [REDACTED] [REDACTED] however there was no documentation to support the provider's efforts to provide or arrange for provision of medical care for this identified health problem.</p>	<p>It is noted that the provider submitted evidence of staff training and education.</p> <p>All nursing staff was retrained in the following . Completed 07/26/18</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed care. Appropriately manage resident/patient conditions based on the results of the assessment. This included education on GI assessments. Abnormal findings from the nursing assessment and when to communicate to the attending physician. Vital signs assessment and documentation. The need to properly document all medical conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. SBAR. <p>Nursing staff involved received disciplinary action in the form of written and final written warnings. Completed 07/25/18</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex meeting minutes, meeting agenda, signatures of staff present for training, etc).</p> <p>PR: Responsible Party to Monitor: Director of Nursing.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.</p>	09/18/2018
810.A.3 - P & P's regarding providing emergency services	N	<p>12VAC35-46-810. Health care procedures. A. The provider shall have and implement written procedures for promptly: 3. Providing emergency services for each resident;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>A review of the signed written statements from staff and additional supporting documents revealed the provider</p>	<p>All nursing staff was retrained in the following</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed care. 	07/26/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		failed to seek appropriate emergency care in a timely manner based on Resident A's complaints of [REDACTED]	<ul style="list-style-type: none"> • Appropriately manage resident/patient conditions based on the results of the assessment. This included education on GI assessments. • Abnormal findings from the nursing assessment and when to communicate to the attending physician. • Vital signs assessment and documentation. • The need to properly document all medical conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. • SBAR. <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex meeting minutes, meeting agenda, signatures of staff present for training, etc).</p> <p>PR: Responsible Party of Monitor: Director of Nursing.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.</p>	
810.B.4 - Emergency medical info: use of meds, allergies/meds, SA and use, past and present medical problems	N	<p>12VAC35-46-810. Health care procedures. B. The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning:</p> <p>a. Use of medication; b. All allergies, including medication allergies; c. Substance abuse and use; and d. Significant past and present medical problems;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider failed to provide written documentation concerning Resident A's past and present medical problems to staff that may be responsible for responding to a medical emergency. Prior to admission to this provider Resident A had [REDACTED] [REDACTED] There is no evidence that documentation of these past and present medical problems were made readily accessible to staff.</p>	<p>The prescreening form has been revised to include the labs, vital signs, lab work, and current/active medical problems.</p> <p>All direct care staff are made aware of all pertinent medical issues via the report sheet completed during each shift. The report sheet, the Day at a Glance, details pertinent resident information for all staff with the residents. In addition the Observation Rounds Sheet also includes any medical concerns listed at the top of the document.</p> <p>Clarification: Nursing staff was aware and documented the past and present medical problems. This information is documented on the "day at a glance" and throughout the chart. The present medical condition was listed in the Nursing assessment upon admission and also included in the admission note by the admitting nurse. "Prior to admission to this provider Resident A [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]</p> <ul style="list-style-type: none"> • All staff were educated on Change in Patient Conditions , e.g. who to report abnormal findings to and how to escalate concerns • Education done during nursing meeting on early warning 	09/24/2018

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

Investigation ID:72
License #: 841-14-001
Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			<p>score for vital signs.</p> <p>Medical information is updated daily communicating to staff ensuring that staff is aware of medical issues of the residents. Completed 08/28/18</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex meeting minutes, meeting agenda, signatures of staff present for training, etc). Submit revised prescreening form for review.</p> <p>Regarding clarification, please submit evidence that ALL staff assigned to care for residents, not just nursing, will be made aware of significant past and present medical issues (ex. Emergency face sheet) that will be readily accessible to ALL staff. Submit template form of emergency face sheet that will be utilized. While medical information may be included in a nursing assessment, in the event of an emergency researching a record for an assessment is not considered "readily accessible" versus accessing a emergency medical face sheet. This emergency medical face sheet should be updated as needed throughout the course of a residents admission to the facility.</p> <p>PR: Responsible Party to Monitor: Director of Nursing</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of template form of emergency face sheet that will be utilized.</p>	
840.D - Record - initial/annual physical and follow-up	N	<p>12VAC35-46-840. Medical examinations and treatment. D. Each resident's health record shall include written documentation of (i) the initial physical examination; (ii) an annual physical examination by or under the direction of a licensed physician, including any recommendation for follow-up care; and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>The History and Physical Policy was updated requiring the H&P to be completed within 24 hours of admission and if completed by a nurse practitioner co-signed by the supervising MD within 24 hours –of completion. The supervising MD and Attending Psychiatrist must verify that any active medical problems are addressed to include those that require follow up care. Any care is to be ordered and documented in the resident's medical record.</p> <p>History and Physical policy was reviewed and approved by the forms committee 07/13/18.</p> <p>Newport News practitioner was addressed along with the admitting nurse via disciplinary action and education completed on 07/25/18.</p>	07/13/2018

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

Investigation ID:72

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018

Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>██████████ Resident A's health record did not include documentation for the provision of follow up care based on these symptoms.</p>	<p>Going forward, H&P documentation will be audited and a PI indicator will be added and reviewed monthly during PI meetings.</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit updated history and physical policy for review.</p> <p>PR: Responsible Party to Monitor: Director of Nursing</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.</p>	
840.H - Notations of complaints, injuries, symptoms, treatment	N	<p>12VAC35-46-840. Medical examinations and treatment. H. Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Review of staff statement of timeline of events that occurred on 6/29/18 indicated that at ██████████ This same staff documented on nursing daily progress note for 6/29/18 ██████████ This staff person failed to ensure that the record reflected accurate information based on the staff written statement regarding the events of 6/29/18.</p>	<p>Nursing staff involved received disciplinary action in the form of written/final warnings and termination.</p> <p>OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. The provider's corrective action plan does not include a systematic approach to ensure future compliance. Please submit evidence that nursing staff were re-trained on the importance of ensuring that resident records reflect accurate information regarding health complaints and injuries and summarize symptoms and treatment given.</p> <p>PR: Re-training was done with all staff on changes in patient condition to prevent future medical errors from occurring. Completed 07/12/18</p> <p>PR: Responsible Party to Monitor: Director of Nursing.</p> <p>OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.</p>	09/24/2018
920.10 - Prohibited: deprivation of services and treatment	N	<p>12VAC35-46-920. Prohibitions. The following actions are prohibited: 10. Deprivation of appropriate services and treatment;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Resident A expressed several health concerns to staff</p>	<p>All nursing staff was retrained in the following</p> <ul style="list-style-type: none"> Assessing, identifying and communication related to the resident/patient medical conditions and the need to verify follow-up care recommended by the referring provider has been completed and if not, communicating that to the medical staff for follow up orders/scheduling of the needed 	07/26/2018

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

Investigation ID:72
 License #: 841-14-001
 Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018
 Program Type/Facility Name: Newport News Behavioral Health

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		starting on 6/25/2018 and continued until 6/29/2018. [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] The provider deprived Resident A of the appropriate medical treatment.	care. <ul style="list-style-type: none"> • Appropriately manage resident/patient conditions based on the results of the assessment. This included education on GI assessments. • Abnormal findings from the nursing assessment and when to communicate to the attending physician. • Vital signs assessment and documentation. • The need to properly document all medical conditions and concerns. In the Physicians psych evaluation, IPOC and CIPOC and progress notes. • SBAR Nursing staff involved received disciplinary action in the form of written/ final written warnings and termination. Completed 07/25/18 OLR) Partially Accepted 9/20/18: Please remove staff name in "planned completion date" column and only include position in "actions to be taken" column. Please submit evidence of staff training (ex meeting minutes, meeting agenda, signatures of staff present for training, etc). PR: Responsible Party of Monitor: Director of Nursing. OLR) Accepted October 2, 2018 It is noted that the provider submitted evidence of staff training and education.	

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

Investigation ID:72

License #: 841-14-001

Organization Name: Newport News Behavioral Health Center

Date of Inspection: 08-13-2018

Program Type/Facility Name: Newport News Behavioral Health

<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.

Matthew Melvin, Specialist

(Signature of Organization Representative)

Date

Mail to: 1220 Bank Street
Richmond, VA 23219

Due Date: 09-19-2018

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined