

Virginia Department of Behavioral Health and Developmental Services

Office of Licensing

Corrective Action Plan

Date: 1/22/2015

Investigation ID: 0

License #: 630-14-004

Date of Inspection: 08-25-2014

Organization Name: Hughes Center for Exceptional Children

Program Type/Facility Name: The Hughes Center

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Dat
660.A - Separate records for each resident, including health record	N	A review of Consumer 3's record revealed that an email containing another Consumer's name was located in Consumer 3's record.	<p>PROVIDER'S 9/12/2014 RESPONSE:</p> <p>The Hughes Center ensures that there is a process to ensure that only resident specific information is contained in the resident specific, separate, medical record.</p> <ol style="list-style-type: none"> 1. Each department will hold a training session for their employees who file documents in the medical records, to ensure they understand the process by which information is entered into the medical record. 2. Hughes Center staff will only file the resident specific information in the appropriate medical record. 3. The facility Health Information manager will do a daily check of all documents that are formally submitted to the medical record to ensure that all documentation is appropriately filed. <p>OL RESPONSE: CAP ACCEPTED</p>	09/05/2014

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710.B.3 - Application-physical needs	N	Consumer 4's record did not contain documented evidence that Consumer's immunizations needs were determined prior to admission as required by regulation. The Immunization Record on file for Consumer 4 was blank.	<p>PROVIDER'S 9/12/2014 RESPONSE:</p> <p>The Hughes Center ensures that there is a process to ensure that a residents immunization needs are determined prior to admission.</p> <ol style="list-style-type: none"> 1. The Hughes Center's application requires the information necessary to determine the immunization status of a resident, prior to admission. 2. If the information is not provided by the referring party, The Hughes Center will, after receiving permission from the resident and/or their guardian will engage the resident's local school system in an attempt to ascertain a complete listing of the resident's immunization history. 3. In the absence of a complete immunization history, The Hughes Center medical staff will refer the patient to the local health department to ensure that the resident has received all pertinent immunizations, at the appropriate interval. <p>OL RESPONSE: CAP ACCEPTED</p>	09/05/2014

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730.B - Face sheet updated	N	The face sheet for Consumer 3 updated on June 16, 2014 indicates effective June 2, 2014 that DSS has discontinued Consumer 3's communication with her family. However, a review of progress notes indicates efforts are regularly being made to contact Consumer's mother. Per Provider, the face sheet should indicate that family therapy will not be conducted. Consumer 3's face sheet needs be updated to adequately reflect changes.	<p>PROVIDER'S 9/12/2014 RESPONSE:</p> <p>The Hughes Center ensures that there is a process by which the face sheet will be updated as information on the document changes.</p> <ol style="list-style-type: none"> As information regarding the resident changes, that information will be sent to the admissions department, who is the primary point of contact for all face sheets. The face sheet will be updated, and saved as a new document, with an up to date revision date. The face sheet will be forwarded to the pertinent departments for updating in their files The master face sheet file will be maintained on the facility server, to ensure access is available to those with a need for information. Facility CEO met with departmental heads regarding the necessity of keeping information updated, and outlined the preceding process. <p>OL RESPONSE: CAP ACCEPTED</p>	09/04/2014

General Comments / Recommendations :

Mike,

Please review and return to me, on or before the due date indicated below, a written plan of corrective action and completion date for each of the deficiencies noted. Please return your responses to me via email in a Word document and I will need a signed copy mailed to my office as well. My email address is: sherry.miles@dbhds.virginia.gov and my mailing address is listed below. Should you have any questions regarding my findings, please contact me.

Thank you,
Sherry