

Virginia Department of Behavioral Health and Developmental Services

Office of Licensing

Investigation Findings Report

Date: 4/28/2015

License #	InvestigationID	Date Investigation Received:	01/23/2015
630-14-004	63	Date Investigation Closed:	04/06/2015
Inspection ID:	561		

270.B.1 - Meet qualifications

Specialist Comments: A review of Employee #3's personnel record revealed that at the time of hire on April 22, 2008, Employee #3 did not meet the qualifications to serve in the position of Mental Health Counselor. Provider's job description requires the applicant have two years experience with children and adolescents or related course work and previous experience with the ID or DD populations. Employee #3's application did not reflect any work experience with children at the time of hire.

Provider Response: PROVIDER'S 3/25/2015 RESPONSE:
The Hughes Center will ensure that all employees have the required experience necessary to meet the requirements of the position.

1. In September of 2009, The Hughes Center updated the job descriptions to require six months experience working with children, versus the previous requirement of two years.
2. Employee #3's file was reviewed in September of 2009 to ensure compliance to this standard.
3. It was discovered at that time that Employee #3 did not meet the requirements for hire at that time.
4. By the time it was discovered, Employee #3 had gained the experience necessary to meet the DBHDS requirement of six months experience working with children.
5. A letter outlining this process was placed in Employee #3's Personnel file on 10/9/09. I have included a copy of this in the submission packet with this CAP.
6. The Hughes Center's Human Resources Director ensures compliance to this regulation on an ongoing basis.

OL RESPONSE: CAP ACCEPTED

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590.B - Buildings safe, maintained, clean, working order

Specialist Comments: 1. A review of the physical plant at Overbey Cottage revealed that some dressers were in need of replacement as some drawers were missing.

2. A review of the physical plant at Overbey Cottage revealed the recreational supply closet needed to be cleaned, organized and broken recreational supplies need replacing.

3. A review of the physical plant at Overbey Cottage revealed the that several showers curtains needed to be reattached as some were hanging off certain sections of the curtain from the Velcro attachment

Provider Response: PROVIDER'S 3/25/2015 RESPONSE:
The Hughes Center ensures that the facility buildings will be safe and maintained in a clean working order:

1. A. Each dresser has been reviewed by the facility maintenance department.
B. All dressers at the facility have a full complement of working drawers in them.

2. A. The Program Operations Director met with the Program Coordinator of Overbey Cottage to review the status of the recreational closet.
B. The Recreational closet was clean, organized & fully stocked.
C. The Program Coordinator will ensure that the supply closet stays in an appropriate manner, and will also ensure that there are adequate supplies on hand to meet the activities planned on the residential schedule.

3. A. The facility housekeeping team reviews each building on a daily basis. Any shower curtain that has an unattached piece of Velcro is reconnected.
B. On the day of review, the housekeeping team had not done their rounds in Overbey Cottage, yet.
C. The Hughes Center ensures that this is reviewed on a daily basis.

OL RESPONSE: CAP ACCEPTED

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70 - Compliance with human rights regulations

Specialist Comments:

1. 12VAC35-115-70. Participation in Decision Making and Consent.

B. The provider's duties

1. Providers shall respect, protect, and help develop each individual's ability to participate meaningfully in decisions regarding all aspects of services affecting him. This shall be done by involving the individual to the extent permitted by his capacity in decision making regarding all aspects of services.

During the investigative process, it was determined that Employee #1 deceived Individual #1 into taking a medication (Loxapine) that Individual #1 did not want to take and had previously refused. After the medication achieved the desired results, Employee #1 admitted the deception to Individual #1. The actions of Employee #1 violated Individual's right to participate meaningfully in the decisions regarding all aspects of services affecting Individual #1.

2. 12VAC35-115-50. Dignity.

B. In receiving all services, each individual has the right to:

2. Be protected from harm including abuse, neglect, and exploitation.

During the investigative process, it was determined that Employee #1 witnessed Individual #1 engaging in a self injurious behavior, banging his head on the concrete side walk, and Employee #1 indicated doing nothing to intervene. Employee #1's failure to intervene to prevent Individual #1 from engaging in self injurious behaviors constitutes neglect.

3. 12VAC35-115-50. Dignity,

A. Each individual has a right to exercise his legal, civil, and human rights, including constitutional rights, statutory rights, and the rights contained in these regulations except as specifically limited herein. Each individual has a right to have services that he receives respond to his needs and preferences and be person-centered. Each individual also has the right to be protected, respected, and supported in exercising these rights. Providers shall not partially or totally take away or limit these rights solely because an individual has a mental illness, mental retardation, or substance abuse disorder and is receiving services for these conditions or has any physical or sensory condition that may pose a barrier to communicate or mobility.

During the investigative process, it was determined that the Provider is not providing Individuals with structured leisure activities. This finding is based upon a review of daily activity schedules for each cottage, interviews with other Individuals in service and the status of activities closet.

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Provider Response: PROVIDER'S 3/25/2015 RESPONSE:

The Hughes Center ensures that it is in compliance with the human rights regulations.

1. A. Employee # 1 has been counseled regarding medication administration to ensure compliance with both regulation, as well as facility policy regarding.
B. Employee #1 has received a retraining in the Rights of the residents of The Hughes Center, as well as the regulations of Virginia.
2. A. Employee #1 has been counseled regarding protecting the residents of The Hughes Center, and the need to ensure their safety.
B. Employee #1 has received a retraining in the Rights of the residents of The Hughes Center, as well as the regulations of Virginia.
3. A. The Program Operations Director met with the Program Coordinator of all four cottages to review each cottages structured leisure activities.
B. The cottage schedule will be amended to include the specific activity that will be part of the structured leisure time on the schedule.
C. The Program Coordinator will ensure that the staff members of each cottage will remain in compliance with the structured program of each cottage.
D. The Program Operations Director will ensure each Program Coordinator is in compliance with the appropriate structured leisure schedule.

OL RESPONSE: CAP ACCEPTED

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750.D - P&P's for ISP to document progress meeting goals

Specialist Comments: A review of therapy notes completed for Individual #1 did not consistently reflect the location therapy sessions were conducted.

Provider Response: PROVIDER'S 3/25/2015 RESPONSE:
The Hughes Center ensures that the location of therapy sessions has been added to the standard therapy note template.

1. The therapy note template was updated on 1/29/15.
2. The clinical team was trained on the new therapy note by the Clinical Director on 2/2/15.
3. The new form, with the addition of the location of the session, was implemented by the clinical department on 2/2/15.

OL RESPONSE: CAP ACCEPTED

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800.A.1 - Structured program of care to meet physical and emotional needs

Specialist Comments: 1. Based upon a review of the daily activity schedules for each cottage, interviews with other Individuals in service and the status of activities closet, it was determined that the Provider is not providing Individuals with structured leisure activities.

2. Based upon information obtained during staff interviews, it was determined that there is no coordinating of services between therapist and mental health counselors. It was determined that Employee #2 does not consistently communicate to mental health counselors/cottage staff including Employee #3 goals/techniques developed for Individual #1 in therapy session to ensure consistency in treatment.

Provider Response: PROVIDER'S 3/25/2015 RESPONSE:
 The Hughes Center ensures that the facilities structured program of care will meet our resident's physical and emotional needs.

1. A. The Program Operations Director met with the Program Coordinator of all four cottages to review each cottages structured leisure activities.
 B. The cottage schedule will be amended to include the specific activity that will be part of the structured leisure time on the schedule.
 C. The Program Coordinator will ensure that the staff members of each cottage will remain in compliance with the structured program of each cottage.
 D. The Program Operations Director will ensure each Program Coordinator is in compliance with the appropriate structured leisure schedule.

2. A. Facility CEO met with the facility Clinical Director & Program Operations Director to ensure the process of communication and training was understood by both parties to ensure consistency in treatment for all individuals residing at The Hughes Center.
 B. Facility Clinical Director will provide a training session with all therapists to ensure that the treatment plan is developed & trained with all direct care staff.
 C. Facility Program Operations Director will provide a training session with all program coordinators to ensure that the staff engage in training, and ensure that the treatment plan is implemented appropriately.

OL RESPONSE: CAP ACCEPTED

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850.G - MARs contain date, drug name,schedule,strength,route, individual administering, dates dc'd or changed

Specialist Comments: 1. Individual #1's record indicates Individual was discharged from service on December 8, 2014. However a review of Individual #1's December, 2014 MAR revealed that Individual #1 was administered one dose of fish oil, two doses of loxapine and one dose fiber gummies on December 9, 2014. These medications could not have been administered as Individual was not in service on December 9, 2015.

2. A review of Individual #1's December, 2014 MAR revealed that Individual #1 did not receive his December 6, 2014 dose of fiber gummies and the MAR did not contain the required documentation to explain the missed dose.

3. During the investigative process, it was determined that Employee #1 did not have one of Individual #1's medications (Loxapine) administered via an appropriate method. Individual #1 was not aware he was taking a medication that he had refused as Employee #1 tricked Individual #1 into taking this medication by having the medication administered without Individual #1's knowledge.

Provider Response: PROVIDER'S 3/25/2015 RESPONSE:
 The Hughes Center ensures that each individual MAR is maintained in an accurate and complete method.

1. A. The staff member who made the medication error has been counseled about appropriate documentation in the medical record.
 B. All nurses have been retrained to ensure fidelity to the process for documenting medication administration, and ensuring that medication administration is only documented when the medication is actually given.

2. A. The staff member in question has been counseled about appropriate documentation in the medical record.
 B. All nurses have been retrained to ensure fidelity to the process for documenting missed dosages of medication.

3. A. Employee # 1 has been counseled regarding medication administration to ensure compliance with both regulation, as well as facility policy regarding.
 B. Employee #1 has received a retraining in the Rights of the residents of The Hughes Center, as well as the regulations of Virginia.

OL RESPONSE: CAP ACCEPTED