

Virginia Department of Behavioral Health and Developmental Services

Office of Licensing

Corrective Action Plan

Date: 4/28/2015

Investigation ID: 0

License #: 908-04-001

Date of Inspection: 07-24-2013

Organization Name: Virginia Beach Psychiatric Center

Program Type/Facility Name: Inpatient- Virginia Beach Cen

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Dat
150.4 - Human rights law and regulations	N	<ul style="list-style-type: none"> VBPC failed to investigate an unusual injury to determine if there was any neglect in the occurrence of this injury on about December 17, 2012. Although they presented documentation that they reported this as a serious injury, you indicated that you did not receive it. They did not report this incident to the Office of Human Rights. (Violations of 12 VAC 35-115-50B3). The program continued not to report or investigate the allegation even though the individual put it in writing to the CEO. There was a six month delay in conducting an investigation, and it was only done on my insistence. There is documentation that the individual made a complaint to the "patient advocate" for the program. The only documentation that could be found was in the individual's record was a conversation between the individual and the patient advocate. No report was made to the Office of Human Rights. Additionally, the policy presented to us by VBPC indicates that complaints are only reported to OHR after five working days (when complaints become formal.) This is an violation of 12 VAC 35-115-170A1 which requires that all complaints be reported to OHR. 	<p>On June18, 2013, the Director of Risk Management was contacted by the Office of Human Rights and was notified of a patient complaint regarding an incident that occurred in December of 2012. An investigation was conducted regarding the complaint based on information provided from the Office of Human Rights. Findings of the investigation were communicated in writing to the complainant in a letter dated July 2, 2013.</p> <p>During the course of the investigation, it was determined that the complaint was related to an incident that had been reported to the Office of Licensing Central Office on December 18, 2012.</p> <p>A copy of a letter dated January 21, 2013 addressed to the CEO of the hospital was presented to the Risk Manager of the hospital on July 24, 2013 during an investigative survey by the Department of Behavioral Health and Developmental Services. The Risk Manager was unable to determine if the letter had been received by the CEO as he was no longer employed at the facility. Additionally, the Patient Advocate had passed away suddenly. Although attempts were made to find evidence that the letter had been received, no document was located.</p> <p>The CEO and Director of Risk Management/ Performance</p>	09/03/2013

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Improvement reviewed the hospital policy and procedure regarding incident reporting to ensure compliance with Virginia Administrative Code Chapter 115. The policy and procedure complies with regulatory standards and the unusual injury was reported to the Office of Licensing Central Office on December 18, 2012 at 13:14.

- Training on incident reporting and notification to the Risk Manager occurred at mandatory staff meetings.
- Incidents are reviewed in the daily operations meeting by the NCM, Risk Manager, and CEO
- Any occurrence of non-compliance with the hospital policy and procedure are reviewed and education is provided to staff.

The CEO and Risk Manager reviewed and revised the hospital policy regarding Patient Advocacy to comply with the Virginia Administrative Code (updated through November 2012) Chapter 115, REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES.

- The revised Policy and Procedure regarding Patient

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			<p>Advocacy will be submitted to the Office of Human Rights and the LHRC for approval.</p> <ul style="list-style-type: none"> • All direct care staff will be trained on the approved policy and procedure. The revised policy and procedure will be included in the training provided to new employees and annual training for all employees. <p>Training regarding Human Rights Regulations was provided to the facility Patient Advocate.</p> <ul style="list-style-type: none"> • Training content included <ul style="list-style-type: none"> o "Human Rights Regulation Training," Va. Dept. of Mental Health, Mental Retardation and Substance Abuse Service, Fall 2007 (powerpoint); o "Life of a Complaint," Fall 2007 (powerpoint) o Va. Administrative Code, Chapter 115, "Regulations to Assure the Rights of Individuals Receiving Services from Provider's Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services. • The Patient Advocate reports to the CEO and Risk Manager each weekday regarding receipt of any complaints or allegations. • In an effort to monitor patient satisfaction, the organization conducts a Patient Satisfaction Survey at discharge that includes indicators for : a) communication of rights and b) being treated with dignity and respect. (Scores for these two (2) indicators year-to date are 	

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			4.50 and 4.66 respectively on a 5.0 point scale) ACCEPTED	
680 - Signed & dated progress notes to document services provided	N	Provider did not document evidents that occurred the night of the incident adequately. Review of the documentation indicated several late entries of the incident.	The Director of Nursing provided all supervisors and nursing staff mandatory training regarding documentation in the patient's medical record. <ul style="list-style-type: none"> • The Director of Nursing will conduct random chart audits to ensure compliance with documentation requirements. • The Nursing Supervisors are conducting random chart audits to ensure compliance with documentation requirements. Results of the audits are reported to the DON/NCM. • Any deficiencies identified are communicated to staff and education is provided. ACCEPTED	10/05/2013

General Comments / Recommendations :

A complaint investigation was initiated on 7/23/13. Human Rights Advocate and OL Specialist reviewed documentation, personnel records and interviewed staff. Please submit acceptable corrective action by October 24, 2013 to:

Ed.Gonzalez@DBHDS.Virginia.Gov