

**OFFICE OF THE STATE INSPECTOR GENERAL**

**Unannounced Inspections  
of Behavioral Health and Developmental  
Services Facilities**

**Calendar Year 2022**



**Michael C. Westfall, CPA  
State Inspector General  
Report No. 2023-HCU-001**



**COMMONWEALTH OF VIRGINIA**  
**Office of the State Inspector General**

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April 3, 2023

The Honorable Glenn Youngkin  
Governor of Virginia  
P.O. Box 1475  
Richmond, VA 23219

Dear Governor Youngkin,

The Office of the State Inspector General performed unannounced inspections at all facilities operated by the Department of Behavioral Health and Developmental Services pursuant to *Code of Virginia* § [2.2-309.1](#)[B](1). The goal of unannounced inspections is to review the quality of services provided to patients at the facilities; make policy and operational recommendations to prevent problems, abuses and deficiencies; and improve the effectiveness of programs and services.

OSIG would like to thank DBHDS Commissioner Nelson Smith and the DBHDS staff for their cooperation and assistance during these unannounced inspections.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael C. Westfall".

Michael C. Westfall, CPA  
State Inspector General

cc: The Honorable Jeff Goettman, Chief of Staff to Governor Youngkin  
Isabella Warwick, Deputy Chief of Staff to Governor Youngkin  
The Honorable John Littel, Virginia Secretary of Health and Human Resources  
The Honorable George L. Barker, Chair, Joint Commission on Health Care  
The Honorable Robert D. Orrock, Sr., Vice Chair, Joint Commission on Health Care  
Nelson Smith, Commissioner, DBHDS  
Angela Harvell, Deputy Commissioner Facility Services, DBHDS  
Divyajot Mehta, Director of Internal Audit, DBHDS

# DBHDS Unannounced Inspections

## *What OSIG Found*

### **DBHDS Has Implemented Most Corrective Actions or Has Made Advancements**

DBHDS implemented corrective action for 60 of 73 findings. For the remaining 13 findings, corrective action is in progress and DBHDS has submitted new or updated corrective action plans.

### **NVMHI Did Not Conduct Fire Drills as Required**

Northern Virginia Mental Health Institute (NVMHI) failed to provide documentation that fire drills were conducted during the observed time frame in accordance with the Virginia Statewide Fire Prevention Code. Based on documentation received, NVMHI failed to conduct a fire drill on day shift in the second quarter of the calendar year and on evening shift in the third quarter of the calendar year.

### **PGH Failed to Adhere to the Virginia Statewide Fire Prevention Code for Conducting Fire Watch**

During OSIG's review of fire drills during calendar year 2022, it was noted that the fire alarm panel was out of service in previous months. Piedmont Geriatric Hospital (PGH) failed to notify the State Fire Marshal and Local Fire Department that they initiated fire watch.

OSIG provides additional details in the Results section of the report.

March 2023

## **HIGHLIGHTS**

### **Why OSIG Performed These Inspections**

OSIG inspected 12 DBHDS facilities in accordance with *Code of Virginia* § 2.2-309.1.B.1, which requires OSIG to, "Provide inspections of and make policy and operational recommendations for state facilities and for providers, including licensed mental health treatment units in state correctional facilities, in order to prevent problems, abuses, and deficiencies in and improve the effectiveness of their programs and services." "The State Inspector General shall conduct unannounced inspections at each state facility at least once annually."

### **What OSIG Recommends**

- DBHDS should finalize corrective action on outstanding recommendations.
- Establish a fire drill schedule that complies with the requirements of the Virginia Statewide Fire Prevention Code.
- Establish a procedure that ensures immediate notification of the State Fire Marshal and Local Fire Department when life safety systems are out of service.



For more information, please contact OSIG at 804-625-3255 or [www.osig.virginia.gov](http://www.osig.virginia.gov)

# TABLE OF CONTENTS

Background.....	1
Scope.....	2
Objectives .....	2
Methodology.....	2
Results.....	3
Fire Drill Compliance .....	5
EXHIBIT 1 – Reports with Corrective Actions Implemented.....	9
EXHIBIT 2 – Reports with Corrective Actions in Progress.....	12
EXHIBIT 3 – Status of Findings and Action Plans for Patient-Specific Reports .....	14
DBHDS Corrective Action Plan .....	15

## BACKGROUND

Every year, pursuant to *Code of Virginia* § 2.2-309.1 Additional powers and duties; behavioral health and developmental services, OSIG conducts an unannounced inspection of each facility operated by DBHDS. In accordance with the *Code*, OSIG shall, “Provide inspections of and make policy and operational recommendations for state facilities and for providers, including licensed mental health treatment units in state correctional facilities, in order to prevent problems, abuses, and deficiencies in and improve the effectiveness of their programs and services.”

OSIG researches industry and regulatory standards to assist with evaluating DBHDS facilities and makes recommendations to improve the quality of care; prevent problems, abuses, and deficiencies; and improve the effectiveness of DBHDS facilities’ programs and services. This includes making recommendations to the DBHDS Central Office to ensure proper and consistent management and oversight of the facilities.

DBHDS is established in the executive branch of government responsible to the Governor. DBHDS is under the supervision and management of the Commissioner, and the Commissioner carries out management and supervisory responsibilities in accordance with policies and regulations of the State Board of Behavioral Health and Developmental Services and applicable federal and state statutes and regulations.

DBHDS operates 12 facilities across the Commonwealth of Virginia: Eight behavioral health facilities for adults, one training center, a psychiatric facility for children and adolescents, a medical center, and a center for behavioral rehabilitation. State facilities provide highly structured, intensive services for individuals with mental illness or developmental disabilities or who are in need of substance use disorder services.

## SCOPE

OSIG inspected the facilities listed below:

Facility	Location	Facility	Location
CAT	Catawba Hospital Catawba, Virginia	PGH	Piedmont Geriatric Hospital Burkeville, Virginia
CCCA	Commonwealth Center for Children & Adolescents Staunton, Virginia	SEVTC	Southeastern Virginia Training Center Chesapeake, Virginia
CSH	Central State Hospital Petersburg, Virginia	SVMHI	Southern Virginia Mental Health Institute Danville, Virginia
ESH	Eastern State Hospital Williamsburg, Virginia	SWVMHI	Southwestern Virginia Mental Health Institute Marion, Virginia
HDMC	Hiram Davis Medical Center Petersburg, Virginia	VCBR	Virginia Center for Behavioral Rehabilitation Burkeville, Virginia
NVMHI	Northern Virginia Mental Health Institute Falls Church, Virginia	WSH	Western State Hospital Staunton, Virginia

OSIG’s calendar year (CY) 2022 unannounced inspections were conducted at the 12 DBHDS facilities between September 19 and October 26, 2022. The inspections included follow-up on outstanding review and inspection findings from all 12 facilities and the Central Office. The scope did not include all findings previously reported by OSIG; it included those that OSIG identified as being of significant risk, from fiscal year (FY) 2018 through the current date, where failure to implement corrective action could result in failure of DBHDS to ensure individuals receiving services are free from abuse, neglect, or inadequate care.

## OBJECTIVES

The objectives of these inspections were to:

- Determine the status of prior findings and recommendations to ensure that management has effectively implemented corrective actions or that senior management has accepted the risk of not taking action.
- Determine if DBHDS facilities are conducting fire drills that comply with requirements of both the Virginia Statewide Fire Prevention Code and National Fire Protection Association 101 Life Safety Code.

## METHODOLOGY

OSIG conducted this inspection in accordance with the Principles and Standards for Offices of Inspector General promulgated by the Association of Inspectors General. Those standards require that OSIG plan and perform the inspections to obtain sufficient, appropriate evidence to provide a reasonable basis for the findings and conclusions based on the inspection objectives. The evidence obtained provides a reasonable basis for the findings and conclusions based on the inspection objectives.

OSIG applied various methodologies during the inspection process to gather and analyze information pertinent to the inspection scope and to assist with developing and testing the inspection objective. The methodologies included the following:

- Corresponded with agency points of contact by email, meetings, or telephone interviews to obtain the status of corrective actions.
- Requested and obtained documentation in support of corrective action progress made by facilities.
- Evaluated information obtained related to the corrective action status and assigned a disposition of action in progress, action complete or action not implemented and obtained updated estimated completion dates where applicable.
- Conducted physical inspections of each of the 12 DBHDS facilities to include walkthroughs of patient areas and assessment of the safety measures employed by the facility, and to obtain additional evidence in support of corrective actions taken.
- Conducted interviews with staff at each of the 12 DBHDS facilities.

## RESULTS

The tables in *Exhibit 1* and *2* detail the status of findings and recommendations. These exhibits categorize corrective actions as either implemented or in progress.

The table in *Exhibit 3* summarizes the status of patient-specific findings and recommendations. This exhibit categorizes corrective actions as either implemented or in progress. The reports listed in *Exhibit 3* contained specific patient health information protected under the Health Insurance Portability and Accountability Act (HIPAA) and therefore, were not released to the public.

For findings of higher risk with corrective action in progress, OSIG provides additional information as follows:

### 2022-BHDS-002 Unannounced Inspections of Behavioral Health and Developmental Services Facilities CY 2021

- Finding 16 – When OSIG initially requested a corrective action plan as part of the CY 2021 unannounced inspections, DBHDS provided one for SVMHI only. Although this finding was identified at SVMHI, which has implemented corrective action by expanding the capacity of video surveillance camera retention, the recommendation was made to the Central Office to review the Library of Virginia retention schedule and ensure that all facilities are complying. OSIG determined through a general inquiry while performing the inspections that not all facilities were aware of this retention requirement.

As a result, an update on the Central Office's progress for ensuring compliance with the retention schedule was requested. On November 3, 2022, OSIG was informed that no changes had been made and the reason for delay was due to a change in staff and a lack of available funding or resources. The Central Office stated that they will develop a plan of action by May 1, 2023, upon their continuing review of this matter.

2021-BHDS-002 OSIG Behavioral Health and Developmental Services Unit Report on Northern Virginia Mental Health Institute

- Findings 1, 2, 3 and 4 – OSIG assigned a disposition of action in progress to the corrective actions for (1) DI205 not being reviewed or revised regularly, (2) facility directors lacking the training in criminal codes to determine whether or not potentially criminal acts should be reported, (3) facility directors maintaining the discretion of choosing whether or not to report acts that could potentially result in criminal charges if it would constitute a misdemeanor if convicted, and (4) DI205 not considering the legal rights of victims (as defined under § 37.2-400). However, DBHDS had not made any significant progress. When OSIG requested the status of corrective action, DBHDS stated that the language changes (recommendation 3 and 4) and additional training requirements (recommendation 2) will be considered during the review of DI 205, once the newly developed process to update DI's is finalized. At that time (August 3, 2022), DBHDS had developed said process and procured a software for policy development and a plan was being implemented to roll it out across the agency. DBHDS provided an updated estimated completion date of June 2024.

2020-BHDS-001 Letter to Governor Northam About Review of Medication Variances Occurring in Facilities Operated by Virginia DBHDS During Fiscal Year 2018

- Observation 2 – In response to OSIG's request for the status of corrective action for the lack of a centralized system to report medication variances, DBHDS stated that two IT solutions have been implemented. A system wide Incident Tracker that will require all facilities to enter data and an electronic health record. However, quality data collection is still in progress as the facilities continue full adoption and system enhancements are made, and that as quality metrics are considered for reporting, medication variances will be prioritized amongst all relevant safety measures.

2020-BHDS-002 Unannounced Inspections of Behavioral Health and Developmental Services Facilities Fiscal Years 18/19

- Improving the staffing levels at DBHDS Facilities – Upon OSIG's request for the status of corrective action for the understaffed shifts at state facilities, DBHDS stated that action was still in progress. DBHDS is continuing to work towards decreasing vacancy rates to 20% or below for direct care positions at state facilities, however, this effort continues to



be a work in progress due to the healthcare workforce shortages across the Commonwealth.

- Improvements to the Therapeutic Options of Virginia training program – DBHDS has reevaluated the use of the Therapeutic Options of Virginia (TOVA) and will be moving toward implementation of a different program, Therapeutic Options (TO), over the next FY. Management and training of this program will occur within the Facility Services Division along with consultation from the program developer. All pertinent staff will receive training and oversight for TO program implementation as scheduled.

## ***Fire Drill Compliance***

Utilizing both the Virginia Statewide Fire Prevention Code and National Fire Protection Association 101 Life Safety Code, OSIG reviewed fire drill records at each facility to ensure the following requirements were met:

- Fire drills were conducted, at least once per shift per quarter in healthcare occupancies.
- Drills were held at unexpected times and under varying conditions.
- Employees participated in the drills.
- Critiques of the drill include fire safety equipment and building features, and staff response.

<b>Facility</b>	<b>Quarterly Drills</b>	<b>Each Shift</b>	<b>Unexpected Times</b>	<b>Varied Conditions</b>	<b>Staff Participation</b>	<b>Critiques</b>
CAT	✓	✓	✓	✓	✓	✓
CCCA	✓	✓	✓	✓	✓	✓
CSH	✓	✓	✓	✓	✓	✓
ESH	✓	✓	✓	✓	✓	✓
HDMC	✓	✓	✓	✓	✓	✓
NVMHI	✓	X	✓	X	X	X
PGH	✓	✓	✓	✓	✓	✓
SEVTC	✓	✓	✓	✓	✓	✓
SVMHI	✓	✓	✓	✓	✓	✓
SWVMHI	✓	✓	✓	✓	✓	✓
VCBR*	✓	✓	---	---	✓	---
WSH	✓	✓	✓	✓	✓	✓

\*VCBR differs slightly in their requirements under the Virginia Statewide Fire Prevention Code. Additionally, they are not The Joint Commission (TJC), or Centers for Medicare & Medicaid Services (CMS) certified. OSIG requested the assistance of the State Fire Marshal, who determined that the fire drills are being conducted and documented in accordance with the applicable standards.

## **Finding #1 - NVMHI Did Not Conduct Fire Drills as Required**

NVMHI failed to provide documentation that fire drills were conducted during the observed quarters in accordance with the Virginia Statewide Fire Prevention Code. Based on documentation received, NVMHI failed to conduct a fire drill on day shift in the second quarter and on evening shift in the third quarter of the calendar year.

NVMHI utilizes a standardized form, *NVMHI Fire Drill /Event Report*, to document each individual drill. The six fire drill forms received were not consistently completed: (1) three did not identify the person conducting the drill, (2) five had incomplete/blank sections, (3) six did not document the conditions under which the drill was performed, and (4) four failed to document staff participation.

NVMHI administration reported a likely cause to be staff turnover and the safety officer does not believe they have the authority to reject incomplete forms because they do not supervise the employees conducting the drill.

In accordance with Section 405 of the Virginia Statewide Fire Prevention Code, staff shall hold drills at unexpected times and under varying conditions to simulate the unusual conditions that occur in case of fire, at least once per shift, per quarter.

Staff hold emergency evacuation drills to familiarize occupants with the evacuation plans and procedures and to reinforce staff duties and responsibilities during these events. A lack of staff familiarity with the procedures for a drill increases the risk for adverse outcomes.

### **Recommendations:**

1. Establish a fire drill schedule that complies with the requirements of the Virginia Statewide Fire Prevention Code.
2. Revise the NVMHI Fire Drill/Event Report form to include all requirements of the Virginia Statewide Fire Prevention Code and the Joint Commission and eliminate areas that are not necessary.
3. Ensure that the reviewer has the authority to request revisions to incomplete forms of the staff conducting fire drills.

### ***Management Response:***

Management agreed with the condition observed by OSIG and the recommendations.

### ***Management Corrective Action:***

NVMHI will develop a fire drill schedule for CY23 and revise internal forms and procedures by April 7, 2023.

## **Finding #2 - PGH Failed to Adhere to the Virginia Statewide Fire Prevention Code Requirements for Conducting Fire Watch**

During OSIG's review of fire drills during CY 2022, it was noted on a Code Red Fire Drill form, dated March 17, 2022, that the fire alarm panel had been down in previous months and that staff were unsure of the procedures and would require retraining. Further inquiry revealed that the fire alarm panel was identified to be inoperable on December 8, 2021, and was not fully restored until December 13, 2021. In order to comply with the Virginia Statewide Fire Prevention Code, the facility would be required to implement fire watch. PGH reported that although they did implement fire watch, they did not inform either the State Fire Marshal or Local Fire Department.

According to Section 901.7 *Systems out of service* of the Virginia Statewide Fire Prevention Code, "Where a required *fire protection system* is out of service, the fire department and the *fire code official* shall be notified immediately and, where required by the *fire code official*, the building shall be either evacuated or an *approved* fire watch shall be provided for all occupants left unprotected by the shutdown until the *fire protection system* has been returned to service.

Where utilized, fire watches shall be provided with not less than one *approved* means for notification of the fire department and their only duty shall be to perform constant patrols of the protected premises and keep watch for fires."

When OSIG inquired about the reason as to why fire watch was not performed in accordance with Section 901.7, PGH acknowledged that this was an oversight and that they would take appropriate corrective action in future events.

Failure to properly conduct fire watch increases the risk for adverse outcomes.

### **Recommendations:**

1. Establish a facility policy or procedure regarding failure of life-safety systems and ensure alignment with the Virginia Statewide Fire Prevention Code.
2. Establish a procedure that ensures immediate notification of the State Fire Marshal and Local Fire Department when life safety systems are out of service.
3. Ensure staff assigned to any life safety support functions are properly trained on the fire watch procedures.

### **Management Response:**

Management agreed with the condition observed by OSIG and the recommendation.

***Management Corrective Action:***

PGH will revise internal policies and procedures and will provide training to security staff by April 30, 2023.

OSIG would like to express its appreciation to DBHDS for those findings that have been corrected. OSIG will continue to follow-up and communicate on the progress made by DBHDS.

## ***EXHIBIT 1 - Reports with Corrective Actions Implemented***

Report ID & Date	Facility/Central Office	Observation/Finding Number & Title	Action Completed
2022-BHDS-002 April 18, 2022 Unannounced Inspections of DBHDS Facilities Calendar Year 2021	CO	1 - Language	✓
		2 - Improbable Allegations	✓
	CCCA, CSH, SEVTC & SVMHI	3 - DBHDS Facility Policy Regarding Sexual Allegations Does Not Adequately Describe Sexual Abuse	✓
	CSH, NVMHI & SWVMHI	33 - DBHDS Facilities Could Not Provide Adequate Documentation to Support Patient Complaints were Addressed	✓
	CCCA	18 - CCCA Had Deficiencies in the Documentation of Seclusion or Restraint	✓
	CSH	4 - CSH Did Not Require Incident Report Forms for Incidents Reported by Patients	✓
		7 - CSH Omitted Language to Allow for Further Investigation of Improbable Allegations	✓
	ESH	20 - ESH Did Not Include Necessary Information to Record Patient Preferred Interventions	✓
		21 - ESH Did Not Document Contraindications to Seclusion and Restraint	✓
		22 - ESH Failed to Address Patient Needs During Episodes of Restraint	✓
		23 - ESH Did Not Include an Intervention Used for Restraint Purposes and Guidance for When Patient's Lack Capacity	✓
		24 - ESH Misclassified and Failed to Provide Guidance on Restraints Used for Safety Purposes	✓
		25 - ESH Policy Supports the Use of Non-approved Techniques	✓
		37 - A Medical Record at ESH Did Not Include Dietary Flow Sheets	✓
	NVMHI	17 - NVMHI Did Not Provide Work Orders as Requested	✓
PGH	28 - PGH Failed to Ensure That Medical Needs are Properly Documented and Communicated	✓	

Report ID & Date	Facility/Central Office	Observation/Finding Number & Title	Action Completed
	SEVTC	30 - SEVTC Records Did Not Include Authorized Signatures on the ISP	✓
		38 - SEVTC Does Not Maintain a Proper Emergency Crash Cart	✓
	SVMHI	5 - SVMHI Did Not Provide Victims with the Opportunity to Seek Criminal Remedy	✓
		8 - SVMHI Mislabeled the Risk Index on Incident Report Forms	✓
		39 - SVMHI Does Not Maintain a Proper Emergency Crash Cart	✓
	SWVMHI	34 - SWVMHI Needs to Ensure That Adequate Clothing is Provided to Patient's Upon Admission	✓
		36 - SWVMHI Needs to Ensure That Dietary Restrictions are Properly Documented and Communicated	✓
		40 - SWVMHI Emergency Crash Cart Contained Expired Medications	✓
	VCBR	27 - VCBR Failed to Ensure That Medical Needs are Properly Documented and Communicated	✓
	WSH	31 - WSH Records Did Not Include Authorized Signatures on the Treatment Plans	✓
		32 - WSH Did Not Complete an Incident Report Form for an Alleged Sexual Assault	✓
2021-BHDS-002 May 27, 2021 OSIG Behavioral Health and Developmental Services Unit Report on Northern Virginia Mental Health Institute	CO	5 - DBHDS Does Not Have an Instruction That Addresses Sexual Abuse	✓
	NVMHI	6 - NVMHI Did Not Provide Victims with the Opportunity to Seek Criminal Remedy	✓
2021-BHDS-003 March 16, 2021 Mortality Review January 1, 2018 – June 30, 2019	CAT	1 - CAT Needs to Ensure Trauma is Considered and Documented When Blood of Unknown Origin is Discovered	✓
	ESH	2 - ESH Needs to Ensure all Notes and Warning Signs are Documented	✓

Report ID & Date	Facility/Central Office	Observation/Finding Number & Title	Action Completed	
		3 - ESH Did Not Properly Record and Consistently Document a Change in Medical Status	✓	
		4 - ESH Did Not Take and Record Vital Signs per Protocol	✓	
		5 - ESH Lacked Support that a Physician's Order was Implemented and Completed	✓	
		6 - ESH Needs to Ensure That Dietary Restrictions are Properly Documented and Communicated	✓	
		7 - ESH Needs to Ensure Patients at Risk for Choking/Aspiration are Positioned Properly	✓	
		8 - ESH Needs to Ensure a Proper Assessment is Performed When Atypical Symptoms are Present	✓	
	SVMHI	9 - SVMHI Failed to Order and Schedule a Recommended Consultation	✓	
		10 - SVMHI Needs to Ensure Appropriate Staff are Notified of a Change in Medical Status	✓	
	WSH	11 - WSH Needs to Establish a New VTE Assessment Process	✓	
		12 - WSH Psychiatrists are not Contacting Medical Professionals Related to Prescriptions	✓	
	2020-BHDS-001 November 20, 2019 Letter to Governor Northam About Review of Medication Variances Occurring in Facilities Operated by Virginia DBHDS During Fiscal Year 2018	CO	1 - DBHDS Facilities Lack Uniform Reporting Guidelines Pertaining to the Classification of Medication Variances.	✓
	2020-BHDS-002 November 13, 2019 Unannounced Inspections of Behavioral Health and Developmental Services Facilities Fiscal Years 2018 and 2019	CO	Six DBHDS Facilities Do Not Limit the Number of Overtime Hours to Include the Number of Consecutive Hours or Shifts That Direct Care Nursing Staff Can Work	✓
DBHDS is Not Formally or Routinely Analyzing Reported Patient Incidents			✓	
Direct Care Staff are Not Cross-Trained to Meet the Needs of Patient Populations Served			✓	

## ***EXHIBIT 2 - Reports with Corrective Actions in Progress***

<b>Report ID &amp; Date</b>	<b>Facility/Central Office</b>	<b>Observation/Finding Number &amp; Title</b>	<b>Action In Progress</b>	<b>Updated Completion Date</b>
2022-BHDS-002 April 18, 2022 Unannounced Inspections of DBHDS Facilities Calendar Year 2021	CO	16 - Video Retention for Cameras at SVMHI is Not Maintained in Accordance with the Library of Virginia	✓	05/01/2023
	HDMC & VCBR	14 - Two DBHDS facilities Did Not Have a Policy or Procedure that Covered the Maintenance of Oxygen-Related Supplies	✓	06/30/2023
	VCBR	15 - VCBR Did Not Have a Comprehensive Medical Gas and Related Equipment Policy	✓	06/30/2023
		26 - VCBR Medical Records Did Not Include Treatment Plans	✓	06/30/2023
2021-BHDS-002 May 27, 2021 OSIG Behavioral Health and Developmental Services Unit Report on Northern Virginia Mental Health Institute	CO	1 - DBHDS Needs to Review or Revise Departmental Instructions at Regular Intervals	✓	06/30/2024
		2 - DBHDS Facility Directors are Responsible for Reporting Potential Criminal Incidents Without Proper Training	✓	06/30/2024
		3 - DBHDS Provides Facility Directors the Discretion as to Whether to Report Misdemeanor Crimes	✓	06/30/2024
		4 - DBHDS Does Not Consider the Legal Rights of the Victim	✓	06/30/2024
2021-BHDS-001 July 27, 2020 Department of Behavioral Health and Developmental Services Operated Facilities: Policy and Procedures Mortality Review	CO	3 - Central Office Departmental Instructions and Facility Policies and Procedures are not Reviewed and/or Updated on a Regular Basis	✓	12/31/2023
2020-BHDS-001 November 20, 2019 Letter to Governor Northam About	CO	2 - DBHDS Lacks a Centralized System for Reporting Medication Variances to Allow for the Identification of	✓	06/30/2023



Report ID & Date	Facility/Central Office	Observation/Finding Number & Title	Action In Progress	Updated Completion Date
Review of Medication Variances Occurring in Facilities Operated by Virginia DBHDS During Fiscal Year 2018		Systemic Issues that if Corrected, Could Improve Patient Safety.		
2020-BHDS-002 November 13, 2019 Unannounced Inspections of Behavioral Health and Developmental Services Facilities Fiscal Years 2018 and 2019	CO	Seven DBHDS Facilities Had Understaffed Shifts Between July 1, 2017, and March 31, 2019	✓	12/31/2024
		DBHDS is Not Evaluating the Effectiveness of TOVA Training at State Facilities	✓	12/30/2023

### ***EXHIBIT 3 - Status of Findings and Action Plans for Patient-Specific Reports***

<b>Facility</b>	<b>Report Date</b>	<b>Finding Number</b>	<b>Action Status</b>
PGH	January 06, 2022	2	Completed
		3	Completed
		5	Completed
		6	Completed
CCCA	December 16, 2021	3	Completed
VCBR	June 29, 2021	1	Completed
		2	Completed
NVMHI	May 27, 2021	1	Completed
		2	In Progress Updated Completion date: July 31, 2023
		3	Completed
WSH	March 17, 2021	1	Completed
		2	Completed
SWVMHI	September 23, 2020	2	Completed
		3	Completed
VCBR	July 6, 2020	1	Completed
WSH	June 26, 2020	1	Completed

## DBHDS CORRECTIVE ACTION PLAN

Finding No.	Recommendation	Corrective Action	Deliverable	Estimated Completion Date	Responsible Position
1	<ol style="list-style-type: none"> <li>Establish a fire drill schedule that complies with the requirements of the Virginia Statewide Fire Prevention Code.</li> <li>Revise the NVMHI Fire Drill/Event Report form to include all requirements of the Virginia Statewide Fire Prevention Code and the Joint Commission and eliminate areas that are not necessary.</li> <li>Ensure that the reviewer has the authority to request revisions to incomplete forms of the staff conducting fire drills.</li> </ol>	<p>Develop fire drill schedule through CY23 to ensure compliance w/ requirements of VA Statewide Fire Prevention Code.</p> <p>Revise Fire Drill/Event Report form to reflect requirements and eliminate extraneous material.</p> <p>Educate Security Staff on revised form.</p> <p>Revise NVMHI Policy E-07 Fire Prevention &amp; Interim Life Safety Measures Plan to clarify roles &amp; responsibilities</p>	<p>Schedule created &amp; distributed to relevant departments.</p> <p>Fire Drill/Event Report revised.</p> <p>Relevant staff educated.</p> <p>Policy revised.</p>	<p>Completed 10/4/2022</p> <p>3/31/2023</p> <p>4/7/2023</p> <p>4/7/2023</p>	<p>Dir Compliance &amp; Quality Mgmt.</p> <p>Dir Compliance &amp; Quality Mgmt. /COO</p> <p>COO/Security Manager</p> <p>Dir Compliance &amp; Quality Mgmt. /COO</p>
2	<ol style="list-style-type: none"> <li>Establish a facility policy or procedure regarding failure of life-safety systems and ensure alignment with the Virginia Statewide Fire Prevention Code.</li> <li>Establish a procedure that ensures immediate notification of the State Fire Marshal and Local Fire Department when life safety systems are out of service.</li> <li>Ensure staff assigned to any life safety support functions are properly trained on the fire watch procedures.</li> </ol>	<p>Safety Manager and ADA/COO will review and revise the Fire Plan and Utility Failure chapters of the Emergency Management Plan to ensure alignment with the Virginia Statewide Fire Prevention Code.</p> <p>Security staff will be trained on the revised Fire Plan and Utility Failure policies and procedures.</p>	<p>Revised Emergency Management Plan Chapters as determined.</p> <p>Relevant staff Education completed.</p>	<p>4/15/2023</p> <p>4/30/2023</p>	<p>Facility Director</p> <p>Facility Director</p>