

## STATE HUMAN RIGHTS COMMITTEE

Julie C. Allen, Chairperson  
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Will Childers, Vice-Chairperson  
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David Boehm  
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Monica Lucas  
Richmond  
Timothy Russell  
Williamsburg  
Megan Sharkey  
Richmond  
Cora Swett  
Nokesville



**COMMONWEALTH of VIRGINIA**  
*Department of Behavioral Health and Developmental Services*  
Post Office Box 1797  
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NELSON SMITH, COMMISSIONER

Taneika Goldman  
State Human Rights Director  
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Richmond, VA 23219

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### State Human Rights Committee Meeting

#### VIRTUAL MEETING

#### Minutes

Thursday, January 20, 2022

DBHDS

P.O. Box 1797

Richmond, Virginia

23218

Zoom for Government

<https://dbhds.zoomgov.com/j/1617839100>

Meeting ID: 161 783 9100

Passcode: \$HRCMet1ng

*The January 20, 2022, SHRC was fully virtual. All members and participants attended virtually.*

#### Administrative Session

9:00 a.m.

**SHRC Members Present** Julie C. Allen, Chair; Will Childers, Vice-Chair; Monica Lucas; Timothy Russell; Megan Sharkey; Cora Swett

David Boehm was temporarily excused due to technical difficulty

**Staff** Taneika Goldman, State Human Rights Director  
Karen A. Taylor, Senior Assistant Attorney General  
Mary Clair O'Hara, Associate Director, Facility Operations  
Jennifer Kovack, Associate Director, Community Operations  
Brandon Rotenberry, Facility Advocate Manager  
Tony Davis, Human Rights Advocate  
Amaya Henderson, Administrative Assistant Facility Operations  
Kli Kinzie, Executive Secretary

**Others** Madison McRae, Office of the State Inspector General (OSIG)  
Rebecca Herbig, Disability Rights Advocate, disAbility Law Center of Virginia (dLCV)

**Call to Order** At 9:00, Julie C. Allen, SHRC Chair, called the administrative session of the January 20, 2022, SHRC meeting to order. Chair Allen welcomed everyone to the meeting.

**Approval of Agenda** At 9:00, the committee considered the agenda.

*A motion was made by Timothy Russell and seconded by Will Childers to approve the January 20, 2022, agenda as amended. Cora Swett, Megan Sharkey, Monica Lucas, Timothy Russell, Will Childers and Julie Allen voted to pass the motion.*

<b>Introductions</b>	At 9:01, Chair Allen introduced herself and called for all present to introduce themselves.
<b>Information</b>	At 9:04, Taneika Goldman, State Human Rights Director, addressed the committee.
<b>WSH Response to Appeal Decision</b>	The Office of Human Rights received Commissioner Land's response to the SHRC's findings dated September 17, 2021, in the matter of EJH v. Western State Hospital.
<b>Variance Review Process</b>	At 9:05, Taneika Goldman briefed the committee on the variance review process. The SHRC will review three variance requests later in the meeting. The variances were posted to the Virginia Register from December 6, 2021, to January 6, 2022. No comments were received.
<b>Training Calendar</b>	The Office of Human Rights' 2022 LHRC meeting schedule was provided in the packet. SHRC members were reminded to reach out to the assigned advocates before attending LHRC meetings.
<b>Confidentiality and Conflict of Interest Agreement</b>	The meeting packet included a copy of the Confidentiality and Conflict of Interest Agreement. SHRC members were asked to contact the office of human rights with any questions. Members are to review, sign and return the agreement. The agreement will be renewed annually.
<b>Administration Changes</b>	At 9:10, Taneika Goldman announced administration changes. Governor Glenn Youngkin appointed Nelson Smith as Commissioner for the Department of Behavioral Health and Developmental Services. John Littel will serve as the Secretary of Health and Human Services.
<b>Website</b>	The DBHDS website has successfully transitioned to WordPress. Carlton Henderson, Training and Development Coordinator for the Office of Human Rights, may attend a future meeting to talk about the website.
<b>Commendation</b>	At 9:12, Taneika Goldman commended Will Childers, SHRC Vice-Chair, for his efforts to secure a meeting space for an LHRC meeting in Region 1.

#### Regular Session

9:14 a.m.

<b>SHRC Members</b>	Julie C. Allen, <b>Chair</b> ; Will Childers, <b>Vice-Chair</b> ; David Boehm; Monica Lucas; Timothy Russell; Megan Sharkey; Cora Swett
<b>Staff Present</b>	Taneika Goldman, State Human Rights Director Karen A. Taylor, Senior Assistant Attorney General Mary Clair O'Hara, Associate Director, Facility Operations Jennifer Kovack, Associate Director, Community Operations Brandon Rotenberry, Facility Advocate Manager Ann Pascoe, Regional Human Rights Manager, Region 2 Tony Davis, Human Rights Advocate Jennifer Anglin, Human Rights Advocate Riley Curran, Human Rights Advocate, Western State Hospital (WSH) and Commonwealth Center for Children and Adolescents (CCCA) Amaya Henderson, Administrative Assistant Facility Operations Kli Kinzie, Executive Secretary Brandi Justice, Psy.D., Facility Director, Central State Hospital

Jonathan Anderson, Facility Director, WSH  
 Catherine Leslie, Acting Medical Director, WSH  
 Jason Stout, Director of Psychology, WSH  
 Tim Jana, Psychiatrist, WSH  
 Anna Lacey, Psychologist, WSH  
 Gail Burford, Director of Quality Management and Director's Liaison to the LHRC, WSH  
 Jaine Bamford, Facility Director, Commonwealth Center for Children and Adolescents (CCCA)  
 Gary Phelps, Psychologist, CCCA

- Others** Madison McRae, Behavioral Health Unit, Office of the State Inspector General  
 Rebecca Herbig, Disability Rights Advocate, disAbility Law Center of Virginia (dLCV)  
 Mikka Sturdivant, Director of Quality & Assurance, Youth for Tomorrow (YFT)  
 Megan Caesar, Director of RTC Clinical Services, YFT
- Call to Order** At 9:14, Julie Allen, Chair, called the regular session of the January 20, 2022, SHRC Meeting to order. A call for introductions took place prior to proceeding.
- Review of Draft Minutes** At 9:16, the SHRC considered the draft minutes of the December 9, 2021, SHRC meeting.  
*Upon a motion by Megan Sharkey and seconded by Will Childers the SHRC approved the draft minutes of the December 9, 2021, SHRC meeting.*
- Presentation: Central State Hospital New Facility** At 9:17, Brandi Justice, Psy.D., Facility Director, Central State Hospital (CSH), shared her screen and presented an overview of the construction of the new facility at Central State Hospital. (See addendum 1). The design process has been in motion for about 3 years. Construction is expected to be completed in 2025.
- Presentation: Central State Hospital Seclusion & Restraint** At 9:27, Brandi Justice, Psy.D., Facility Director, Central State Hospital, shared her screen and presented an overview of seclusion and restraint reduction efforts at CSH. (See addendum II). Incidents have been significantly reduced and the numbers are expected to continue trending downward. The SHRC commended Dr. Justice and her staff for their efforts reducing the use of seclusion and restraint.
- Public Comment Period** At 9:43, Julie Allen called for public comments. *No public comments were offered.*
- Facility Reports: Seclusion/Restraint & Death Data** At 9:44, the Committee received updates on state facility reporting. Mary Clair O'Hara, Associate Director, Facility Operations, shared her screen to present seclusion, restraint and death data for October and November 2021. (See addendum III). Ms. O'Hara noted that some of the issues at facilities are due to understaffing and illness due to the Omicron variant.
- Violation Letters** At 9:56, Brandon Rotenberry, Facility Advocate Manager, provided statistics on Violation Letters issued to state operated facilities in November 2021 (See addendum IV).
- VCBR Report** At 9:57, Tony Davis, Human Rights Advocate, provided the VCBR report on allegations of abuse, human rights complaints and instances of restraint for the month of November 2021. (See addendum V). A rise in transport restraints compared to last month was due to transport for medical procedures. There were no reports of seclusion.

Mr. Davis provided a brief update on the construction of the new facility at VCBR. Construction is expected to be completed in January of 2022.

**Variance**  
**Western State**  
**Hospital**

At 10:02, Julie Allen called for introductions.

Jonathan Anderson, Facility Director, WSH; Jason Stout, Director of Psychology, WSH; Gail Burford, Director of Quality Management and Director's Liaison to the LHRC, WSH; Anna Lacey, Psychologist, WSH; Catherine Leslie, Acting Medical Director, WSH; Jason Stout, Director of Psychology, WSH; and Tim Jana, Psychiatrist, WSH; were present to request the variance on behalf of the facility. Riley Curran, Human Rights Advocate, DBHDS, was present to provide technical support.

Brandon Rotenberry, Facility Human Rights Manager, DBHDS, reported that Western State Hospital is requesting a variance to 12VAC35-115-105.H, Seclusion in a Behavioral Treatment Plan, and 12VAC35-115-110.C.3, Inpatient Hospitals Emergency Seclusion, to place an individual in seclusion at the individual's request to prevent self-injurious behavior or injury to staff at WSH.

*A motion was made by Monica Lucas and seconded by Timothy Russell to approve Western State Hospital's request for a variance to 12VAC35-115-105.H, Seclusion in a Behavioral Treatment Plan, and 12VAC35-115-110.C.3, Inpatient Hospitals Emergency Seclusion, to include approval for orders up to 24 hours for voluntary seclusion as outlined on page 22 of the individual's plan, for a 2-year period with quarterly updates to the LHRC and annual review by the SHRC. Julie Allen called for votes in roll call fashion. Cora Swett, Megan Sharkey, David Boehm, Monica Lucas, Timothy, Will Childers and Julie Allen voted yes to pass the motion.*

*The SHRC did not have a disposition regarding 12VAC35-115-110.C.13, specific to WSH's request to conduct a face to face assessment within one hour of the initiation of seclusion. The committee advised WSH that it only has authority over the human rights regulations and it urged WSH to be sure they are also compliant with all other applicable laws and regulations.*

**Variance**  
**Commonwealth**  
**Center for**  
**Children and**  
**Adolescents**

At 10:54, Julie Allen called for introductions.

Jaine Bamford, Facility Director, Commonwealth Center for Children and Adolescents (CCCA); and Gary Phelps, Psychologist, CCCA; were present to request the variance on behalf of the facility. Riley Curran, Human Rights Advocate, DBHDS, was present to provide technical support.

Gary Phelps reported that CCCA is requesting a variance to 12VAC35-115-105.H, Seclusion in a Behavioral Treatment Plan, to place an individual (youth) in seclusion when different alternatives have been attempted without sustained success in maintaining safe behaviors as part of the behavioral treatment plan.

*A motion was made by David Boehm and seconded by Monica Lucas to approve Commonwealth Center for Children and Adolescents' request for a variance to 12VAC35-115-105.H, Seclusion in a Behavioral Treatment Plan, for a 1-year period with quarterly updates to the LHRC. Julie Allen called for votes in roll call fashion. Megan Sharkey, Cora Swett, David Boehm, Monica Lucas, Timothy Russell, Will Childers and Julie Allen voted yes to pass the motion.*

*The committee asked to be notified if the individual gets discharged before the variance end date.*

**Variance  
Youth for  
Tomorrow**

At 11:04, Julie Allen called for introductions.

Mikka Sturdivant, Director of Quality & Assurance, Youth for Tomorrow (YFT); and Megan Caesar, Director of RTC Clinical Services, YFT; were present to request the variance on behalf of the program. Jennifer Anglin, Human Rights Advocate, DBHDS; and Ann Pascoe, Regional Human Rights Manager, Region 2, DBHDS; were present to provide technical support.

Mikka Sturdivant described the program and the population served and reported that Youth for Tomorrow is requesting a variance to 12VAC35-115-50 (C)(7), Dignity, (Use of Telephone), and 12VAC35-115-50 (C)(8), Dignity (Visitation), to limit contact with individuals to a list that is approved by parents/guardians as well as the individuals. Ann Pascoe, Regional Human Rights Manager for Region 2, spoke briefly regarding the program's recommendation to the LHRC.

*A motion was made by Monica Lucas and seconded by David Boehm to approve Youth for Tomorrow's request for a variance to 12VAC35-115-50 (C)(7), Dignity, (Use of Telephone), and 12VAC35-115-50 (C)(8), Dignity (Visitation), for a 3-year period with quarterly updates to the LHRC and annual reviews by the SHRC. Julie Allen called for votes in roll call fashion. Megan Sharkey, Cora Swett, David Boehm, Monica Lucas, Timothy Russell, Will Childers and Julie Allen voted yes to pass the motion.*

**BREAK**

At 11:19, Julie Allen called for a brief break. At 11:32, the meeting reconvened.

**Presentation  
Update on  
TOVA**

At 11:32, Mary Clair O'Hara, Associate Director, Facility Operations, and Betsy Thompson, Training Specialist, provided an update on the overhaul of the DBHDS TOVA (Therapeutic Options of Virginia) manual used with state operated facilities.

Most holds have not changed. There have been some additions, including a section on weapons that address some issues at the more challenging facilities. The biggest change of note is an added section on active listening and how to recognize cues in order to respond to crises. There is also a new section on DD and ID program staff training. The new manual includes new graphics and YouTube videos as well as extensive definitions and tips on teaching key points.

**Update SHRD  
Meeting with  
LHRC Chairs**

At 12:14, Taneika Goldman reported on her meeting with LHRC Chairs regarding the quorum requirement for meetings of public bodies. Mrs. Goldman discussed topics of business that were not taken care of because of the lack of members physically present for LHRC meetings. They also talked about recruitment of new members.

LHRC members were interested to understand their connection with the human rights advocates as liaisons to the office of human rights (OHR) and to understand how LHRCs are connected with the services provided by OHR.

Taneika Goldman asked the SHRC to consider how to have a meet and greet with LHRCs. The SHRC will offer a formal opportunity for a meet and greet, perhaps following a regular SHRC meeting. The OHR will poll SHRC members for dates and times to host the gathering. This will be a non-working meeting during which no LHRC/SHRC business will be discussed.

**LHRC Business** At 12:41, the SHRC considered LHRC business.

**Liaison Reporting** There were no liaison reports.

**LHRC Membership** At 12:41, the SHRC considered recommendations for LHRC membership and a resignation. Jennifer Kovack, Associate Director, Community Operations, presented.

*At 12:43, a motion was made by Timothy Russell and seconded by Cora Swett and Monica Lucas to acknowledge the following resignation and to make the listed appointments:*

*Resignation of Katie Anderson from Northwestern Area LHRC.*

*Region 1*

*Northwestern Area LHRC*

*Appoint: Cathy Wolfe-Heberle, Lisa Parlett*

*Region 2*

*Prince William County LHRC*

*Appoint: Alice Felker*

*Region 3*

*Roanoke-Catawba LHRC*

*Appoint: Nancy Simmons, Tammy Wilson*

*Region 5*

*Southeast Alliance LHRC*

*Appoint: Mariko Branch*

*Chair Julie Allen called for votes in roll call fashion. Timothy Russell, Cora Swett, Monica Lucas, Will Childers, Megan Sharkey and Julie Allen voted yes to pass the motion.*

**Subcommittee Reports and Assignments** At 12:44, Julie Allen called for subcommittee reports.

**Policy Subcommittee** Policy Subcommittee: David Boehm; Mary Clair O'Hara, Staff  
At 12:44, the Policy Subcommittee had nothing to report.

**Workplan / Membership Subcommittee** Workplan / Membership Subcommittee: Timothy Russell, Chair; Megan Sharkey  
At 12:45, Timothy Russell discussed onboarding of new SHRC members. Taneika Goldman suggested inviting the 2 recommended applicants to join the March SHRC meeting and observe open portions of the meeting.

Timothy Russell presented draft letters to send to the SHRC applicants. SHRC members reviewed the drafts and made suggestions. Thank you letters will go to the applicants who are not recommended for SHRC membership at this time. Letters will go to the 2 recommended individuals informing them of the process and timeline for review/appointment by the DBHDS State Board.

Workplan Discussion: 2022 Presenters

At 1:00, Taneika Goldman addressed the SHRC regarding the 2022 SHRC Workplan. Recommendations have been added to a list of possible topics to be reviewed at upcoming meetings. Carlton Henderson, Training and Development Coordinator, OHR, may attend a meeting to talk about the department's new website. Mrs. Goldman will reach out to the Office

of the Attorney General to invite Braden Curtis, Senior Assistant Attorney General, to provide an overview and update on DBHDS' response to the DOJ Settlement Agreement.

At 1:13, Timothy Russell led a discussion on SHRC interview process and interview questions.

**Bylaws Subcommittee** Bylaws Subcommittee: Monica Lucas, Chair; Cora Swett; Jennifer Kovack, Staff  
At 1:25, Monica Lucas spoke on behalf of the Bylaws Subcommittee. The subcommittee had nothing new to report. Ms. Lucas did say that the subcommittee looks forward to working with the LHRC member volunteers on revising the LHRC Bylaws.

**Officer Subcommittee** Officer Subcommittee: Will Childers  
At 1:27, the Officer Subcommittee has nothing to report.

**Other** At 1:27, Taneika Goldman commented that she saw by chance former State Human Rights Director Margaret Walsh. Ms. Walsh sent her regards to the committee.

**Adjournment** At 1:28, having no further business to discuss the January 20, 2022, SHRC meeting adjourned.

**Next Meeting**

March 3, 2022

Location TBD

## Presentation

Brandi Justice, Psy.D., Facility Director

Central State Hospital  
New Facility Construction

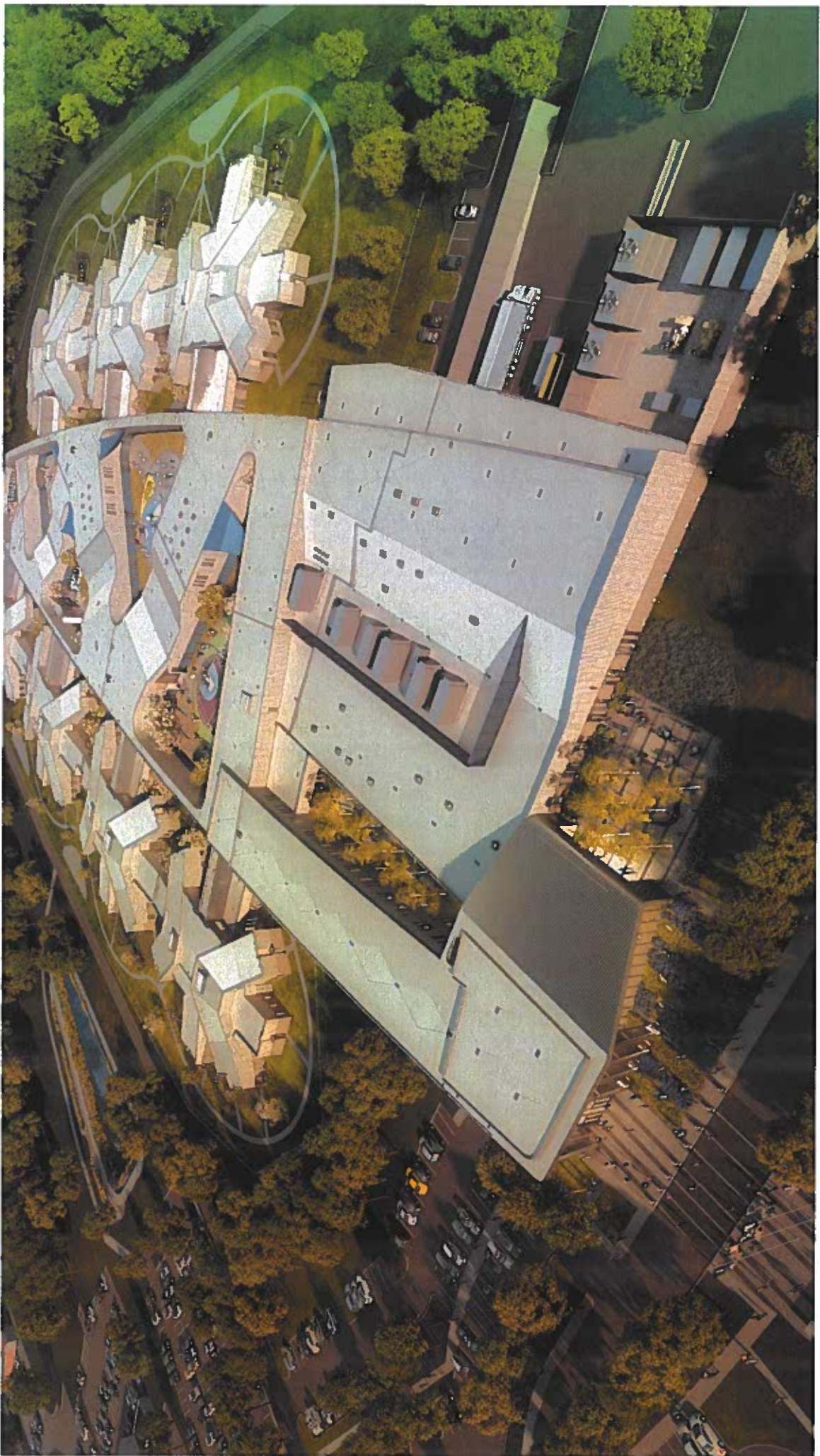




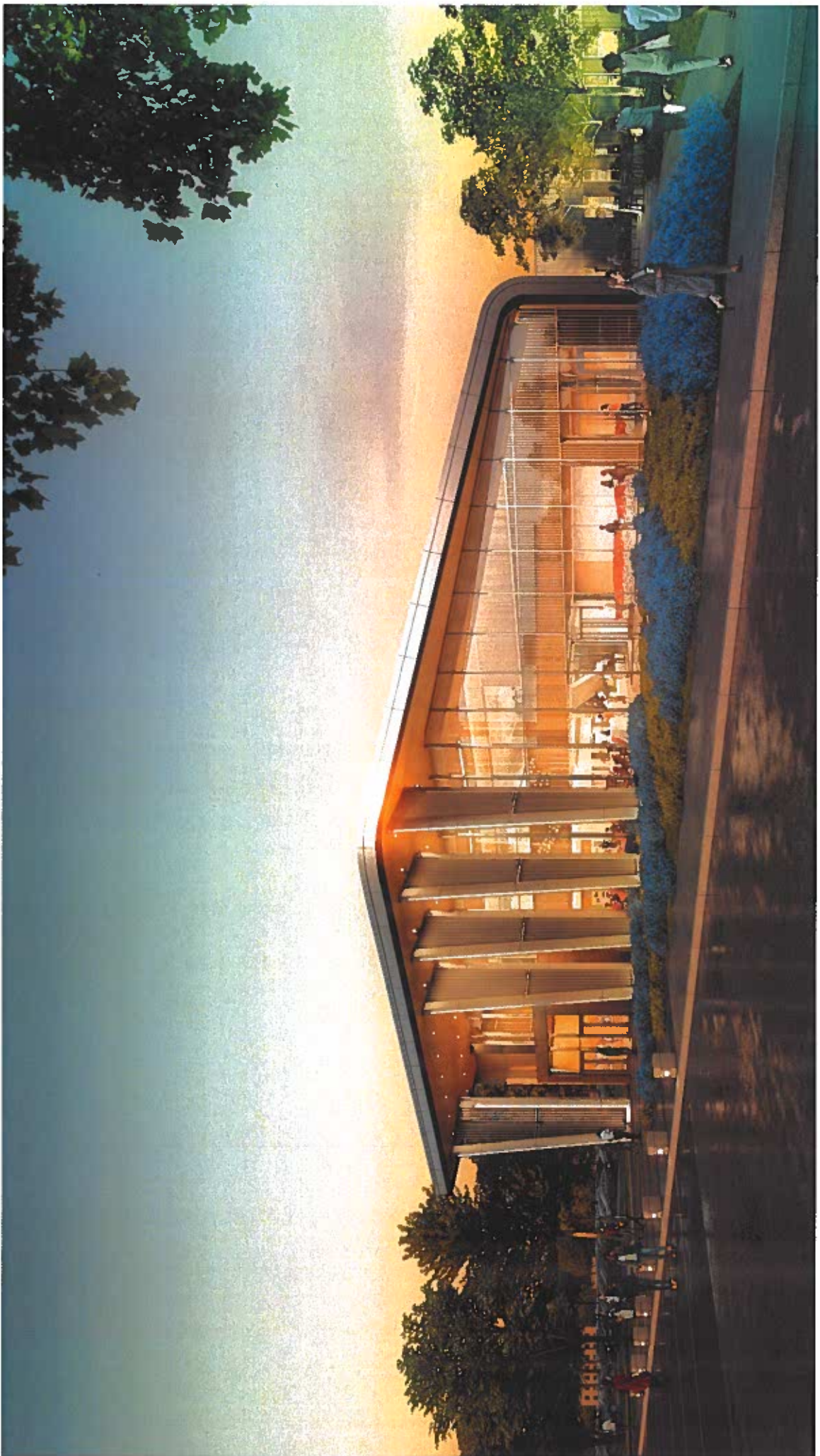


# Central State Hospital

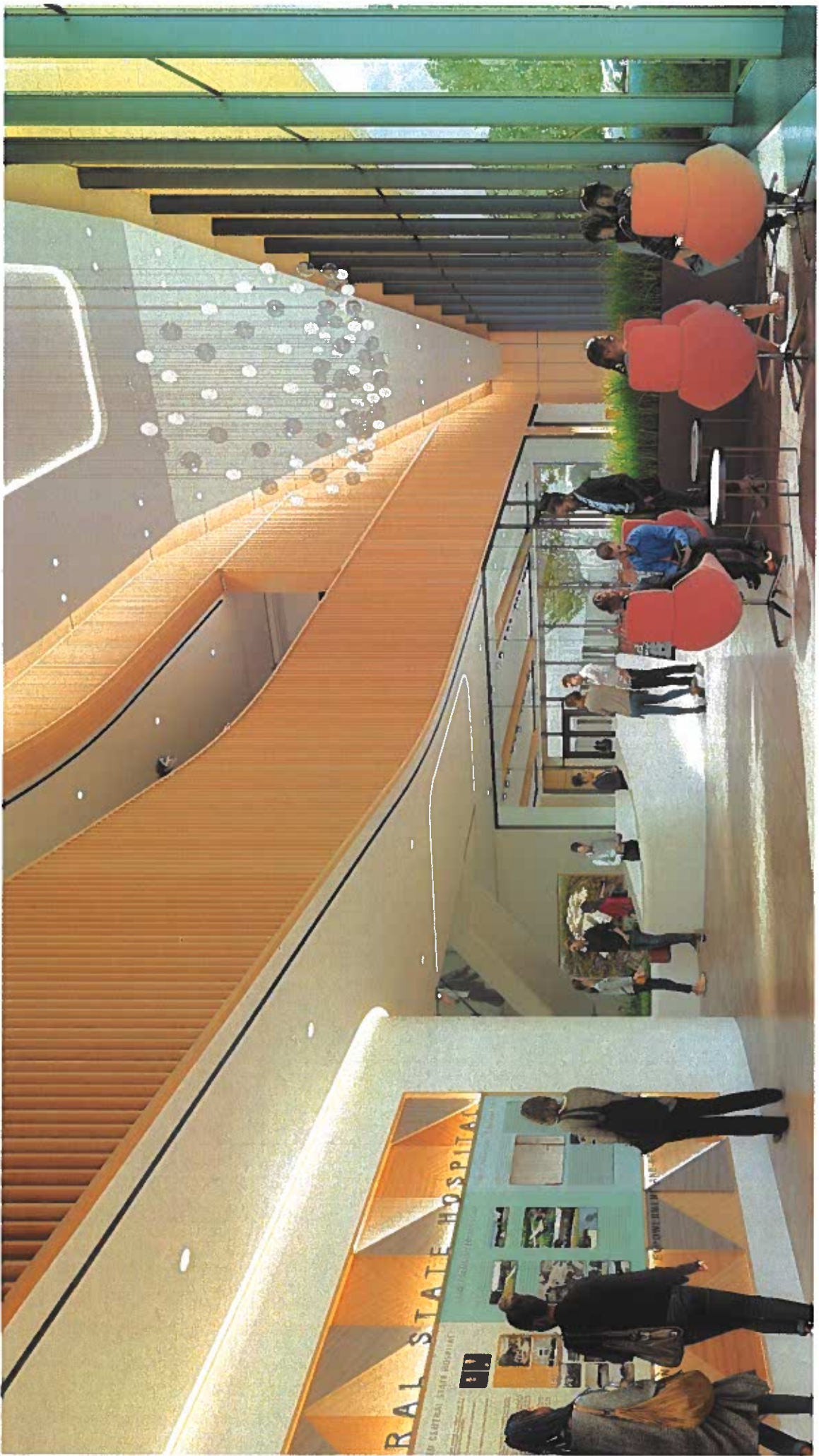
New Facility Design Update



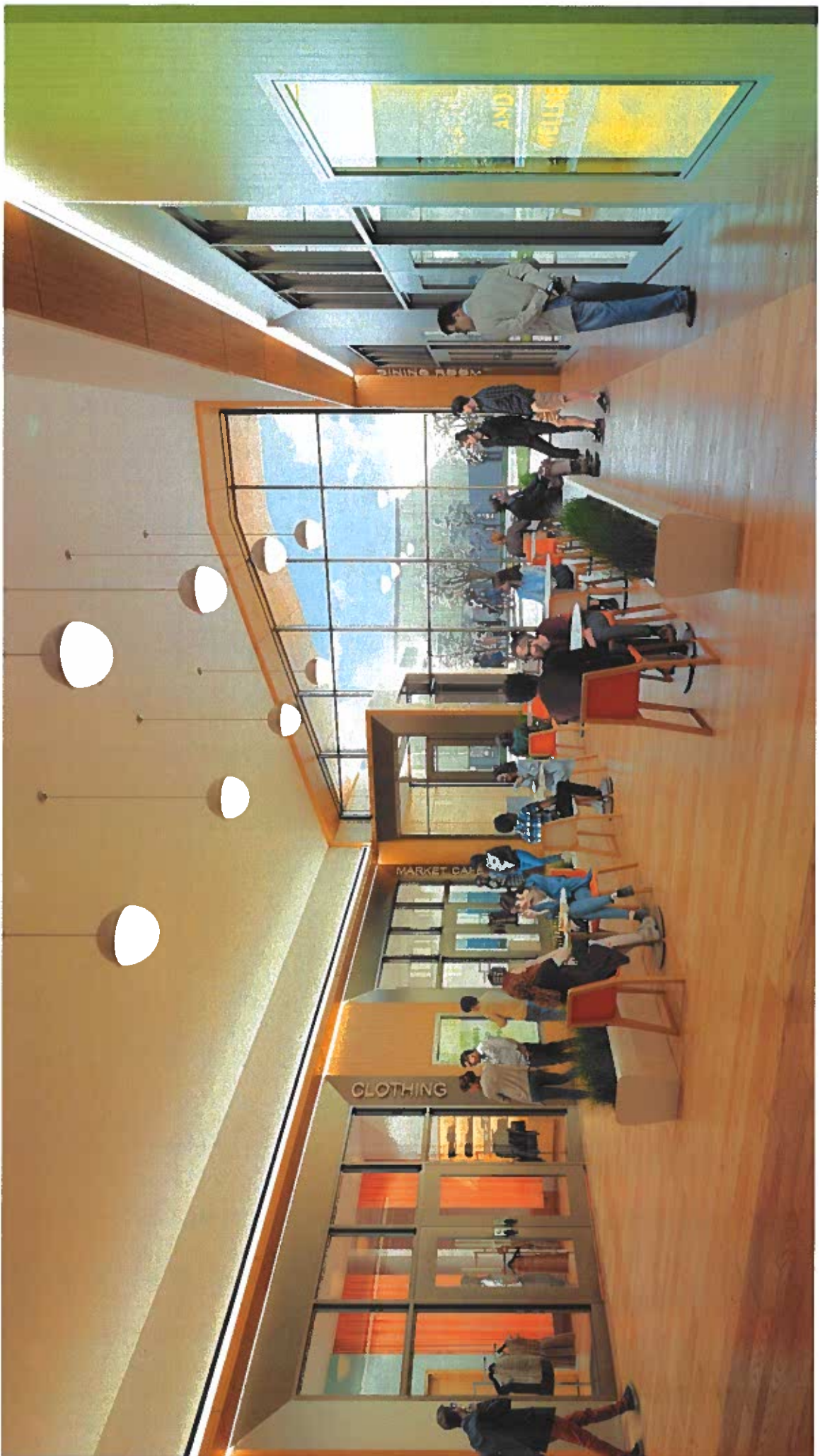
















## Presentation

Brandi Justice, Psy.D., Facility Director

Central State Hospital  
Seclusion & Restraint Reduction Efforts





# Seclusion & Restraint Reduction Efforts

Central State Hospital

1/20/22

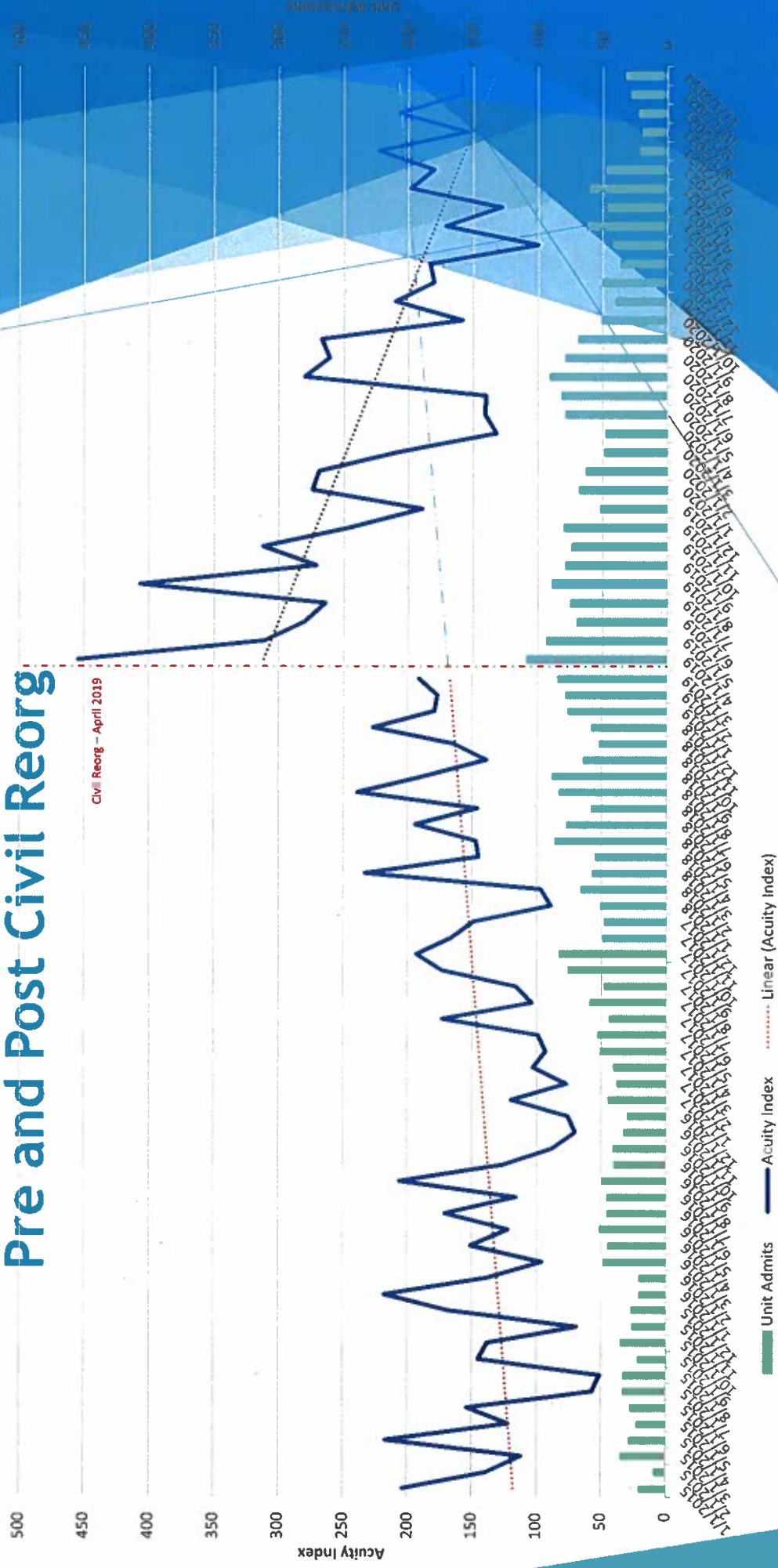


# Acuity Index

- ▶ The Acuity Index is simply the sum of SR Orders, Patient Event Severity and Staff Injuries.

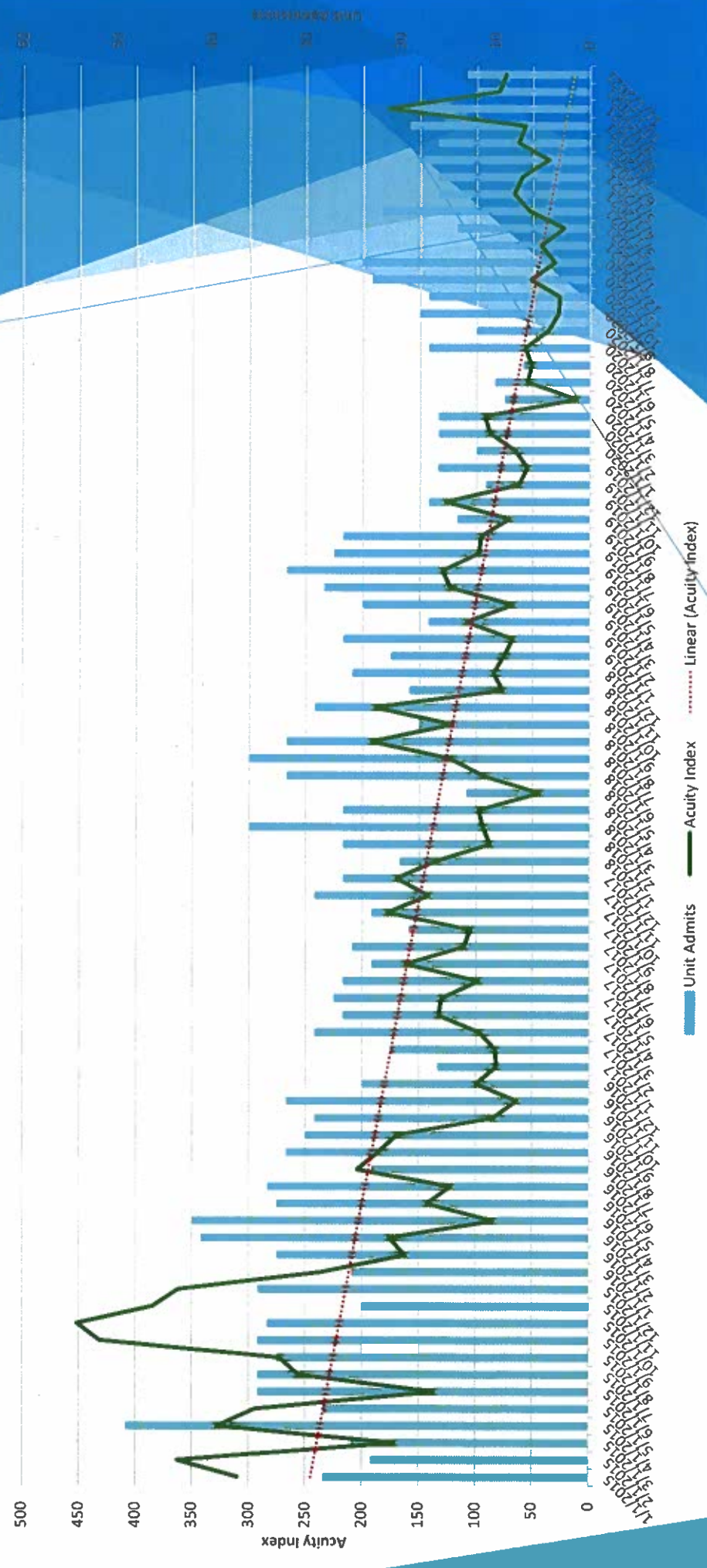


# Civil Unit Admissions to Acuity Index Pre and Post Civil Reorg



# Building 39 Admissions to Acuity Index

2015 to Current



# Timeline of Interventions

- ▶ 2/2016 - Seclusion & Restraint Performance Improvement Plan Initiated
- ▶ 5/2016 - Clinical leader reviews of high threshold seclusion or restraints with the treatment teams
- ▶ 6/2016 - Development of comfort rooms
- ▶ 8/2016 - Development of Safety Plans
- ▶ 8/2017 - Decentralized staffing
- ▶ 4/2019 - Civil reorganization
- ▶ 4/2019 - Treatment mall re-design
- ▶ 6/2019 - Development of morning huddles
- ▶ From 2015 to 2017, Maximum Security underwent several changes to include new informs to look less like police, removal of wearing gear during entire shifts or for responses unless needed, updating EWP's to include therapeutic interventions instead of just show of force response
- ▶ \*Data did not show it was one particular intervention that led to our reduction in seclusion & restraint

# Upcoming Plans

- ▶ Development of a Crisis Prevention and Response Team for the civil side
- ▶ Focus training and support on early intervention strategies
- ▶ Implementation of a evidence-based violence risk assessment
- ▶ Thrive - launching 2/2022

## Facility Report

### Seclusion, Restraint & Death Data

Mary Clair O'Hara, Associate Director, Facility Operations



Minutes Addendum III





# NOVEMBER 2021 Data

Facility	Total Patient Days (AVATAR)	Reported Events (PAIRS)		Number Precipitating Events w/Injury (PAIRS)				Death in Facility or Post DC to Hospice	Seclusion and Restraint for OCT. 6				Patient Screenings*OCT.			
		Total #	Per 1000 pt Days	P2P Aggression on 1	P2P No Inj	SIB	Falls	Total	Hours Secl.	S per 1000 pt hrs	Hours Rest.	R per 1000 pt hrs	Ppts screened	Pts eligible	Rate	
CSH	6,423	11	1.71	0	44	5	3	0	40.00	0.24	34.58	0.21	29	30	97	
ESH	6,804	4	0.59	3	39	0	0	1	4.40	0.05	65.67	0.72	29	33	88	
NVMHI	3,525	1	0.28	0	55	0	1	0	36.50	0.40	85.15	0.94	53	58	91	
SVMHI	1,558	1	0.28	0	2	0	1	0	123.75	3.25	0.00	0	20	22	91	
SWVMHI	5,077	5	0.98	1	55	0	4	0	455.18	3.63	201.72	1.61	43	44	98	
WSH	5,237	9	1.72	1	31	0	1	0	572.77	4.44	618.95	4.78	64	71	90	
CAT	2,693	7	2.60	0	35	1	4	1	0.00	0.00	41.62	0.62	30	34	88	
CCCA*	514	0	0.00	0	14	0	0	0	13.00	NA	220.50	NA	NA	NA	NA	
PGH	2,135	1	0.47	0	8	0	0	1	16.48	0.31	0.00	0	23	27	85	
VCBR	11,517	1	0.09	1	7	0	1	0	0.00	0.00	7.80	NA	NA	NA	NA	
HD	1,454	2	1.38	0	1	0	0	1	0.00	0.00	0.00	0	NA	NA	NA	
SEVTC	2,020	2	0.99	0	0	0	0	0	0.00	NA	5.80	NA	NA	NA	NA	

Events are based on total of all events, not just the specific categories.

<sup>1</sup> Includes the following categories: Physical altercation, Aggressive act by peer; and Aggressive act to peer with injury

Does not include deaths following placement to a community setting

<sup>6</sup> If seclusion and restraint are used simultaneously, only the restraint data is captured

\*

Seclusion and Restraint for CCCA and VCBR is raw data as CCCA and VCBR are not Core Measure facilities.

Peer to Peer aggression with no injury comes from CRIS data.

Screenings are not required for CCCA & VCBR. WSH has not completed their data. CCCA has not completed their s/r data.

Facility Reports



Violation Letters

Brandon Rotenberry, Facility Advocate Manager

Minutes Addendum IV





## Summary of Violation Letters for State Facilities Office of Human Rights

*November 2021*

The purpose of the Violation Letter is to document the manner in which state operated facilities acknowledge Human Rights violation(s), and identify and implement appropriate corrective action(s), in accordance with timelines outlined in the Human Rights regulations. The work of correcting, mitigating and preventing abuse occurs after the identification of the violation. The assurance of this work is the responsibility of the Facility Advocate [12VAC35-115-260] and is reflected in the substance of the Violation Letter process.

During November 2021, there were five violation letters issued across the 12 state facilities. There were three violations identified through the Abuse and Neglect Investigation Process (DI 201), one for late reporting of findings, and one violation identified through an LHRC hearing.



## Facility Reports

VCBR

Tony Davis, Human Rights Advocate



Minutes Addendum V



**FACILITY OVERVIEW & SECULSION AND RESTRAINT REPORT**  
**OFFICE OF HUMAN RIGHTS**

DBHDS Facility: VA Center for Behavioral Rehabilitation (VCBR)

Reporting  
Period: November 2021

Name of Advocate : Tony Davis

Region: 4

**Seclusion & Restraint:**

There were 7 emergency physical restraints for aggression and 2 mechanical restraints. The total duration for the restraints was 4 hours 23 minutes. The only injury reported was a scratch to the resident's nose.

Restraint Type:	November <i>Census-In-House: 372</i>
Physical	7
Ambulatory	0
Non-ambulatory	2
Pharmacologic	0
<b>TOTAL:</b>	<b>9</b>

Transport Restraints	113
Seclusion	0

During this period there were a total of 113 transport restraints. The shortest duration of these restraints was 57 minutes, and the longest duration of these restraints was 14 hours 15 minutes (Angiogram and stent procedure at Lynchburg General Hospital). The overall time for transport restraints was 418 hours 45 minutes. In comparison to October's report, there was an increase of 33 transport restraints totaling 59 hours 15 minutes. The reasons for the increase this period was due to 6 medical procedures.

There were no reports of seclusion for this reporting period.

**Allegations of Abuse and Neglect:**

There were 3 Physical abuse allegations, 2 Verbal abuse allegations, and 2 Neglect non-peer-to-peer allegations reported for this period. There was 1 substantiated allegation of Verbal abuse (CHRIS report attached). The allegations were reported, investigated, and completed within the timeframe of the regulation.

Abuse/Neglect Category:	November
Physical	3
Restraint	0
Verbal	2
Neglect (non peer-to-peer)	2
Neglect (peer-to-peer)	0
<b>TOTALS:</b>	<b>7</b>

### **Human Rights Complaints:**

There was a total of 7 human rights complaints received during the month. There were 2 substantiated violations of Dignity. One violation dealt with a failure to provide a follow-up medical test as directed by the medical director, and the other violation referred to a timely response to a previous complaint as dictated by regulation and facility policy. All complaints were handled below the Director's level apart from both substantiated complaints.

Complaint Category:	November
Assurance of Rights	0
Dignity	7
Services	0
Complaint Review Process	0
TOTALS:	7

### **Policy Updates & Facility Initiatives**

There was one policy update referencing "pill call". The policy (VCBR FI 137) did not clearly stipulate what happened when a Resident was not in-line during the last call for medicine distribution. The policy has been revised and training for the policy will be implemented accordingly as communicated to me by the facility director.

### **Construction Update**

The following photos depict the status of the construction inside of the building for this reporting period. The overall construction completion status remains on track for January 2022.



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