

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: 039-04-005

Organization Name: Carilion Clinic Roanoke Memorial Hospital

Date of Inspection: 12-09-2025

Program Type/Facility Name: 04-005 Roanoke Memorial Hospital

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	N	Roanoke Memorial Hospital This regulation was NOT MET as evidenced by: CHRIS Number: 20250031 Date/Time of Discover: 11/22/2025 6:00PM Enter Date/Time: 11/24/2025 4:07PM Reporting Delay: 22:7:00 Location Name: Roanoke Memorial Hospital	PR) 12/11/2025 Provide a statement of the issue that led to non-compliance and how you will correct the deficient practice. The incident was classified as a Level 1 serious incident based on DBHDS regulatory definitions for a Level 1 event (patient did not have any injuries and did not need medical attention) and was reported to the Office of Human Rights (OHR) in the CHRIS system within the required 24-hour timeframe for the abuse/neglect allegation. The event did not meet the criteria/definition for Level II or Level III reporting under 12VAC35-105-160, which requires Level II and III incidents to be reported to the Office of Licensing within 24 hours. The patient did not have any injuries and did not require medical intervention. On 11/24/2025, after speaking with OHR, the Office of Human Rights Advocate for Carilion Medical Center consulted with OHR leadership and DBHDS licensing leadership. At that time guidance was provided to go ahead and submit the incident as Level II. This submission occurred that day as per the directive from the DBHDS team. The report was entered promptly upon receiving this directive from DBHDS. Carilion Medical Center respectfully requests reconsideration of the CAP for late reporting. 2. Include a plan of action to address systemic changes that have been	12/10/2025

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death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.			implemented to remain in compliance. Will continue to report events, per regulations, within 24 hours of the event occurrence based on regulatory definition. This event was not submitted due to meeting definition for a LEVEL 1. Report was submitted when requested by DBHDS after the 24-hour window had passed. This event was submitted to the human rights CHRIS report based on regulatory definition within the timeframe. 3.Include staff by title who monitor regulatory compliance The senior director continues to monitor weekly report submissions in CHRIS, to ensure the compliance of regulations and that reports and investigations are reported within regulatory timeframes. 4. By what date completed: Completed 12/10/2025 OLR) Accepted 01/05/2026	

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General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
_____ Lakesha Steele, Incident Management Unit		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				