

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

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License #: **084-01-020**

Organization Name: **Western Tidewater Community Services Board**

Date of Inspection: **07-02-2024**

Program Type/Facility Name: **01-020 Bridges**

<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	NS	Bridges This regulation was NOT MET (Systemic) as evidenced by: CHRIS Number: 20240087 Date/Time of Discover: 06/13/2024 8:40PM Enter Date/Time: 06/15/2024 12:25AM Reporting Delay: 3:45:00 Location Name: Bridges CHRIS Number: 20240088 Date/Time of Discover: 06/16/2024 10:50AM Enter Date/Time: 06/17/2024 12:09PM Reporting Delay: 1:19:00 Location Name: Bridges This is a systemic (NS) citation. Based upon the rolling year (July 3, 2023 – July 2, 2024) for 01-020 this is the Fourth Step in the Progressive	PR) 07/22/2024 This Provider acknowledges that the individual who entered this report did not follow the program procedure for documenting serious incidents in DELTA. Lead staff on each shift will be required to complete the DBHDS DELTA training and be assigned a CHRIS account for reporting incidents in a 24-hour time frame per regulation requirements, this will reduce the need for missing information from shift to shift. Reports can and will be completed during the shift in which they occurred. Each staff assigned will sign an attestation form upon completion of CHRIS training. Licensure guidance documents will be reviewed by all assigned staff. Clinical Supervisor and Program Manager will create a communication log between each shift lead that has access to the CHRIS to report all incidents on the day of the occurrence to determine the level of reporting to ensure the DBHDS requirements are completed within 24 hours. This Providers Quality Assurance Clinical Administrator will conduct an incident reporting training regarding all level 1, 2 and 3 incidents, in addition to reporting in CHRIS. Additionally, staff will be scheduled for the next available DBHDS " reporting in CHRIS" training, offered in quarter 4 OLR) Accepted 08/07/2024	7/31/2024

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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.		Citation Process for violation of 12VAC35-105-160 D.2. • The first citation issued on 9/5/23 is now considered non-compliant. • The second citation issued on 10/27/23 is now considered non-compliant systemic. • The third citation issued on 2/8/24 is now considered non-compliant systemic-third. Due to the repeat nature of this citation, I am including this correspondence along with the licensing report as a reminder of the additional steps the Office of Licensing may take when a provider fails to remedy systemic regulatory deficiencies. These additional steps are outlined within the Guidance on Incident Reporting Requirements and enumerated within the Code of Virginia and the Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services.		

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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				