

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

Page: 1 of 3

License #: 084-01-020

Organization Name: Western Tidewater Community Services Board

Date of Inspection: 06-23-2026

Program Type/Facility Name: 01-020 Bridges

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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: 20260142 Date/Time of Discover: 06/06/2026 1:40PM Enter Date/Time: 06/08/2026 5:29PM Reporting Delay: 27:49:00 Location Name: Bridges CHRIS Number: 20260148 Date/Time of Discover: 06/11/2026 11:00AM Enter Date/Time: 06/16/2026 5:33PM Reporting Delay: 102:33:00 Location Name: Bridges This is a systemic (NS) citation. Based upon the rolling year (June 25, 2025 – June 24, 2026) for 01-020 this is the Fourth Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2. • The first citation issued on 7/16/25 is now considered non-compliant. • The second citation issued on 11/6/25 is now considered non-compliant. • The third citation issued on 3/24/26 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.	PR) 07/10/2026 The provider recognizes that late reporting is a systemic concern, as demonstrated by multiple late CHRIS reports. The procedures below are intended to strengthen timely incident documentation, leadership notification, and CHRIS reporting compliance. Step 1: Complete the Incident Report • Direct care staff are responsible for completing the agency Incident Report before the end of their scheduled shift following any reportable incident. • For incidents occurring overnight, the Incident Report must be completed no later than 10:00 a.m. the following morning. • All Incident Reports must be completed within 24 hours of the occurrence. Step 2: Manager on Call Follow Up • If the incident report has not been completed prior to the end of the employees' shift, the Manager on Call (MOC) will follow up with the staff responsible to ensure timely completion. • If necessary, the MOC will complete the incident report based on available information to ensure compliance with reporting timelines. Step 3: Leadership Notification • All crisis incidents must be reported to the Division Director and/or Clinical Administrator immediately upon	9/10/2026

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Page: 2 of 3

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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.			occurrence. - If the Division Director or Clinical Administrator is unavailable, staff will follow the established chain of command by notifying the Deputy Director and/or Executive Director in real time. Step 4: Determine the CHRIS Reporting Level - Upon notification of the incident, program leadership will immediately review the incident to determine the appropriate CHRIS reporting level. - If there is uncertainty regarding the reportability or classification of the incident, the Program Manager, Program Supervisor, or Clinical Administrator will immediately consult with the Quality Assurance Department for guidance. - If Quality Assurance is unavailable, the incident should be reported at the highest applicable reporting level based on the information available at that time. Reports may be updated as additional information becomes available. Step 5: Complete the CHRIS Report - CHRIS reports will be initiated immediately following the determination of the reporting level. - For incidents occurring overnight, the CHRIS report must be completed no later than 12 hours following the incident. - All CHRIS reports must comply with applicable DBHDS reporting requirements and timelines. - Upon the completion of a CHRIS report, the Clinical Administrator will be notified	

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			via screenshot to ensure the correct report has been completed. Responsible Parties: Overall responsibility for ensuring timely incident documentation, leadership notification, and CHRIS reporting rests with the Program Manager, Clinical Supervisor, Clinical Administrator, and Division Director. Biweekly Training: The Clinical Program Manager or Clinical Supervisor will review these reporting procedures during two of the four weekly staff meetings each month. OLR) Accepted 07/21/2026	

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