

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

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License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 12-21-2021

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

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	N	VTCC Inpatient Unit This regulation was NOT MET as evidenced by: CHRIS Number: 20210117 Date/Time of Discover: 12/13/2021 1:15AM Enter Date/Time: 12/14/2021 8:31AM Reporting Delay: 7:16:00 Location Name: VTCC Inpatient Unit	PR) 01/10/2022 Statement of the issue that led to non-compliance and state <u>how you corrected/will correct</u> the deficient practice in this specific violation. The date/time entered for the discovery is incorrect. The event actually happened on 12/14/21 at 1:15am. The entry date/time was 12/14/21 0831am. This discrepancy was verified by review of the medical record by the Director of Nursing. The Clinical Coordinator in charge also sent an e-mail 12/14/21 am notifying leadership of the event overnight which was on 12/14/21. Plan of action to address <u>systematic changes (process/protocols, etc)</u> that have been or will be implemented to ensure you remain in compliance of the regulation. The Director of Nursing will send a notice to the Clinical Coordinators to ensure that they input the correct date/time of discovery specifically for the night shift. There was confusion as the start of the shift was 12/13/21; however, the event happened after midnight and was now 12/14/21. Continue to follow current process for reporting and escalation of events to leadership: The clinical coordinator sends an e-mail with notification of a new CHRIS report. The CHRIS report is reviewed the next morning by the Nurse Manager and/or Director of Nursing to ensure all components of the event were reported appropriately. The event is noted on our internal tracker.	1/10/2022

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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.			Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring the plan including how it will be monitored</u> (Ex: monthly audits, weekly chart reviews, daily checklist). The Director of Nursing meets weekly with the patient liaison in order to ensure the investigation is complete and the information has been submitted. OLR) Accepted 01/14/2022	

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