

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

Page: 1 of 2

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 02-08-2022

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

<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	VTCC Inpatient Unit This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220138 Date/Time of Discover: 01/18/2022 6:00PM Enter Date/Time: 01/27/2022 3:04PM Reporting Delay: 189:4:00 Location Name: VTCC Inpatient Unit CHRIS Number: 20220139 Date/Time of Discover: 01/19/2022 6:00PM Enter Date/Time: 01/27/2022 3:15PM Reporting Delay: 165:15:00 Location Name: VTCC Inpatient Unit Note: Provider was previously cited for late reporting on CAP dated 12/21/2021. As this is provider's second citation for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance.	PR) 02/23/2022 Issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. PR: Provider was unaware of the need to report COVIC positive patients. When reviewing the events with our patient liaison on 1/27/22, the team realized the requirement for reporting. The two incidences were reported immediately. Plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. On 1/27/22, the requirements for reporting were reviewed with the leadership team (Director of Nursing and AVP/ACNO) and disseminated to the clinical coordinators who serve as around the clock leadership. The most recent guidelines dated for 11/27/21 were uploaded for reference to the team's share drive with the CHRIS tracker log. The Director of Nursing will monitor the procedures implemented to ensure the team remains in compliance with the regulation on a monthly basis. The nursing leadership team including the AVP/ACNO, DON, Nurse Manager, Nurse Clinician, and Patient relations liaison will continue to meet weekly to discuss all clinical patient incidences. OLR) Accepted 02/24/2022	1/27/2022

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

Page: 2 of 2

License #: **142-04-005**

Organization Name: **Virginia Commonwealth University Health System Authority**

Date of Inspection: **02-08-2022**

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

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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.				

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.

Sherry Miles, Licensing Application
Specialist

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined