

**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: 05-19-2022

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: 20220190 Date/Time of Discover: 05/07/2022 5:39PM Enter Date/Time: 05/17/2022 1:06PM Reporting Delay: 211:27:00 Location Name: VTCC Inpatient Unit	PR) 05/31/2022 Provide a 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. - Nursing Director was notified of event and entered the CHRIS report under the incorrect complaint category on Delta. The mistake was found by our patient liaison during a weekly review of all CHRIS reporting with nursing leadership. Include a 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. - Nursing Director reviewed the CHRIS training PowerPoint that was shared during virtual learning for "Reporting in CHRIS: Abuse, Neglect, & Human Rights Complaints (OHR)". - Patient Liaison spoke with Jakuta Williams, IMU Specialist at DBHDS Region- 4. He has offered to provide the Nursing Director and other members of the VTCC nursing leadership team with one on one training from CHRIS reporting including the ability for answering any questions. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the <u>frequency for monitoring</u> the plan <u>including how it will be monitored</u> (Ex:	8/31/2022

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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.			monthly audits, weekly chart reviews, daily checklist). PR: When an event occurs that meets reporting requirements, the Clinical Coordinator notifies the Nurse Manager, Nurse Manager On-Call, and the Nursing Director through a safety tele page. The event is entered into the CHRIS reporting database and an internal CHRIS Tracking report on our VTCC Share Drive. The Clinical Coordinator also sends an email notifying the Patient Relations Liaison and nursing leadership of the same shift as the event. The CHRIS tracking report logs the discovery date, submission date, type of report, brief description of the event, and investigation submission date. The CHRIS tracking report is reviewed weekly on Mondays with the Patient Relations Liaison, Director of Nursing, Nurse Manager and Nurse Clinician. In addition, follow-up action items, including clinical practice changes, are discussed at his meeting. PR: The Adolescent/Psychiatry leadership team (including AVP/ACNO, DON, Nurse Manager, Nurse Clinician, and Patient Relations Liaison) meets weekly to review all safety events and regulatory reporting. CHRIS report data will be reported out to the QAPI team monthly along with key safety themes significant to the events. OLR) Accepted 06/01/2022	

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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.				
_____ Sherry Miles, Licensing Application Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				