

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

Page: 1 of 3

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-30-2023

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: 20230026 Date/Time of Discover: 03/14/2023 10:20AM Enter Date/Time: 03/15/2023 1:56PM Reporting Delay: 3:36:00 Location Name: VTCC Inpatient Unit Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting The first citation was issued on 5/19/22 and is now a non-compliant.	PR) 04/17/2023 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. PR: On 3/14/23, a patient self-reported an attempt to harm themselves on 3/13/23 by attempting to swallow a Goldfish cracker bag. Member of the treatment team did not enter this report into the CHRIS reporting system, as there was no harm to patient, and the patient did not state this was an attempt to end their life. On 3/15/23, the charge nurse spoke to the patient regarding their attempt to swallow a Goldfish cracker bag, and during this assessment the patient stated that this was an attempt to end their life. CHRIS report was entered at this time as the information patient reported changed from a self-harm attempt to a suicide attempt. Include a 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. PR: CHRIS report training for all nurses and mental health partners will be updated and presented to the team during annual training in May, 2023. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate	7/1/2023

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

Page: 2 of 3

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 03-30-2023

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.			<u>the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).</u> 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. PR: 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 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 04/27/2023	

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

Page: 3 of 3

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

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

Date of Inspection: **03-30-2023**

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>
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				