

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

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License #: 160-01-020
Organization Name: St. Joseph's Villa, Inc.

Date of Inspection: 09-01-2026
Program Type/Facility Name: 01-020 Seton House

<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	N	Seton House This regulation was NOT MET as evidenced by: CHRIS Number: 20260017 Date/Time of Discover: 08/08/2026 8:11PM Enter Date/Time: 08/18/2026 12:51PM Reporting Delay: 208:40:00 Location Name: Seton House	PR) 09/02/2026 St. Joseph's Villa acknowledges the citation regarding the untimely reporting of a Level II/III serious incident in CHRIS within the required 24-hour timeframe. Upon review, it was determined that the incident was communicated to the Office of Human Rights (OHR); however, staff believed the report had been entered into the reporting system twice and therefore did not recognize that the CHRIS submission was incomplete. As a result, the required report was not successfully submitted within 24 hours of discovery. This was an isolated documentation and reporting oversight and not a failure to identify, respond to, or address the incident. To correct this deficiency, the Compliance Manager, who is responsible for entering all CHRIS reports, has reviewed the requirements for Level II and Level III incident reporting and immediately ensured that the incident was properly entered into the reporting system. In addition, the Compliance Department will implement a verification process requiring confirmation of successful CHRIS submission upon completion of each report. This process will include maintaining a submission tracking log and cross-checking submitted reports against internal serious incident documentation and adding the report number to the SJV incident report to ensure all incidents are reported within the required 24-hour timeframe. To prevent recurrence, the Compliance Manager will provide refresher training to	9/10/2026

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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.			applicable supervisors and program leadership regarding DBHDS reporting requirements, including timelines, submission verification expectations, and notification procedures (during the next Risk and Quality Improvement (RQI) Committee Meeting on 9/10/26. Ongoing monitoring will occur through monthly reviews of serious incident reports and quarterly quality improvement activities to ensure continued compliance with DBHDS regulations. Any discrepancies identified during monitoring will be addressed immediately through corrective action and additional staff education as needed. OLR) Accepted 09/24/2026	

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