DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **06-01-2022**
Program Type/Facility Name: **14-008 Whispering Pines RYS Boys Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Whispering Pines RYS Boys Home This regulation was NOT MET as evidenced by: CHRIS Number: 20220019 Date/Time of Discover: 05/29/2022 1:00AM Enter Date/Time: 05/30/2022 7:26PM Reporting Delay: 18:26:00 Location Name: Whispering Pines RYS Boys Home	PR) 06/03/2022 According to the date time of discovery (5/29/2022 1:00am) the report needed to be entered into CHRIS no later than 1am on 5/30/2022. It was entered at 7:26pm which was within the 24 hour period. Clinical Director and Program Director (who enters reports into CHRIS), carefully reviewed (once again) the requirements, criteria and time requirements for reporting SIRs. Clinical Director will ensure that all reports are sent to Program Director immediately following incident, who will enter incidents into CHRIS prior to the 24 hour requirement. OLR) Partially Accepted 06/06/2022 In addition to the above, provider response needs to include the following: 1. The incident was not reported within the required 24 hour time frame. The discovery date and time is noted as 5/29/2022 at 1**AM** which required it to be entered at 1**AM** on 5/30/2022. This incident was entered at 7:26**PM** on 5/30/2022 which is outside the 24 hour window. 2. Description of process implemented to forward reportable incidents to designated person who enters into CHRIS within the required timeframe to include nights, weekends, and holidays. Be sure to list staff by title only. 3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III	6/3/2022

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			incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 4. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). PR) 06/06/2022 (1) The incident culminated/occurred at 1a on May 29, 2022. (2) Resident AWOLed and then subsequently was admitted for a mental health evaluation due to unusual behavior. (3) As a result of the incident, COA and Program Director will work together to ensure that all incidents requiring reporting, are reported promptly, and no later than the 24 hour window requirement. RYS was awaiting the outcome of the mental health evaluation before reporting the incident. COA and PD have been made aware that the report must be submitted in the required timeframe even when outcome has not been determined. Due to the incident being reported late, COA and PD met to discuss and review state standards for reporting requirements and had a conversation with licensing representative to ensure clarity on the matter. The incident was reported to CHRIS and the legal guardian (John Hope, Floyd County DSS) by Jennnifer Dwyer, RYS Program Director. OLR) Partially Accepted 06/06/2022 PR) 06/16/2022 Program director will enter all required events into CHRIS within the 24 hour timeline.	

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			COA/Clinical Director will be provided with documentation assuring that the process has been adhered to in the required timeframe. If not, COA/Clinical Director will follow up to input information and provide additional supervision/guidelines to program Director. OLR) Accepted 06/21/2022	

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.

Sherry Miles, Licensing Application Specialist	(Signature of Organization Representative)	Date

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