DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-009**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **06-02-2026**
Program Type/Facility Name: **14-009 Hope Road**

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	Hope Road This regulation was NOT MET as evidenced by: CHRIS Number: 20260001 Date/Time of Discover: 04/29/2026 3:00PM Enter Date/Time: 05/12/2026 6:33PM Reporting Delay: 291:33:00 Location Name: Hope Road	PR) 06/02/2026 On or around the date of the incident Dr Fitzsimmons had been hospitalized with a medical emergency (having suffered a stroke). The staff that was in charge did not realize that the incident needed to be reported, as the other lead staff was also out of town (leaving Dr Fitrzsimmons in charge of these types of situations. Therefore, the incident was not reported as required. All staff...not just lead staff have been made aware of the regulations required for reporting incidents. Two new Program leaders have been hired who are familiar with reporting requirements so that now there are at least 4 lead people who would pick up chain of command to ensure that reporting is completed in a timely manner moving forward. OLR) Partially Accepted 06/12/2026 In addition to the above, the provider response needs to include the following: 1. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in checklist). CHRIS where possible. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, or quarterly. PR) 06/13/2026	6/2/2026

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			Program Director will monitor the process of ensuring that Level II and Level III incidents are reported/entered into the CHRIS system within the required time frame by the duly appointed House Managers. The plan will be monitored daily to ensure that there are no oversights by staff not realizing/recognizing the incidents that require reporting. The monitoring will be implemented by way of House Managers sending a daily report to Program Director of any 'out of the ordinary' events. OLR) Accepted 06/25/2026	

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