DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-010**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **03-25-2022**
Program Type/Facility Name: **14-010 Rock Hill Church Rd**

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	Rock Hill Church Rd This regulation was NOT MET as evidenced by: CHRIS Number: 20220018 Date/Time of Discover: 01/25/2022 3:00PM Enter Date/Time: 03/15/2022 11:11AM Reporting Delay: 1148:11:00 Location Name: Rock Hill Church Rd	PR) 03/31/2022 RYS did not report in a timely manner due to policy and procedure not being clear to all employees as to whom and when to report incidents. When the situation came to light it became apparent that CAO believed that incidents had gone to the correct person to go into CHRIS, but then realized the reports had only come to CAO, who does not input into CHRIS. There was also confusion at the time as to which incidents needed to go into CHRIS. The review with all staff regarding reporting requirements is on the March 21st training/supervision along with the sign in sheet. Corrective Action Plan: (1)Clinical Director has hired a second Program Director (scheduled to begin full time on March 27) to share the responsibility to oversee the 3 group homes to ensure compliance with all DBHDS and Human Rights regulations. New Program Director with degree in Psychology and over 20 yrs experience. See attached resume. The purpose of additional Directorship is to provide more frequent (weekly) staff supervision and training and oversee staff interventions/supports. (2) In addition, on March 29th, review and retraining of Safe Crisis Management Program will be provided	3/29/2022

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			at an all-staff training to ensure that all staff are properly trained in the policies and procedures and safety requirements/mandates for conducting a therapeutic hold and proper/ consistent use of each clients Behavior Support Plan which is in each client file. See attached sign in sheet from training session/review. (3) No evidence.In addition, RYS admissions will continue to review each referral very carefully with hopes of not admitting youth who cannot be maintained safely or have their needs effectively met within our program. The child involved in the complaint was removed from the program at the time of the complaints when it was noted that he required a higher level of care/supervision. Also, the prospective staff member who was involved, was not hired after his on-site orientation/training period. In order to ensure that all incidents and allegations are reported to the Clinical Director in a timely manner so that the incidents can be reported in CHRIS appropriately and timely, the Clinical Director and both staff supervisors reviewed all policies on March 14th, related to the appropriate reporting	

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			requirements. (4) Upon ensuring that the RYS policies and procedures were in line with state regulations, a staff training meeting was held on March 21st in order to review and reinforce all state regulations, all RYS policies and procedures and to have a chain of command assigned for reporting of all incidents. All current direct care counselors (staff) received the supervision even though some were not able to attend the meeting. (5) To further prevent violations related to reporting requirements, house managers and all staff will share any and all log notes with Clinical Director immediately, of any behaviors from youth or staff that relate to occurrences of serious incidents, to include therapeutic holds, serious illness, accidents or injuries (or death), AWOLs, allegations of abuse or neglect, suspected drug use, physical altercations with staff or peers, accusations of criminal conduct or involvement with law enforcement, or any event that may be questionable.	

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			4 and 5 – see training notes from 3/29/22 Documents to accompany the numbers are attached. OLR) Partially Accepted 04/01/2022 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. Please attach the sign in document for the training that took place on 3/28/22 as the document is not attached as stated. Please remove the name indicated in answer # 1. Please only use staff by title within your CAP responses. PR) 04/02/2022 RYS did not report in a timely manner due to policy and procedure not being clear to all employees as to whom and when to report incidents. When the situation came to light it became apparent that CAO believed that incidents had gone to the correct person to go into CHRIS, but then realized the reports had only come to CAO, who does not input into CHRIS. There was also confusion at the time as to which incidents needed to go into CHRIS. The review with all staff regarding reporting requirements is on the March 21st training/supervision along with the sign in sheet. OLR) Partially Accepted 04/05/2022 In addition to the above, the provider response	

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			needs to include the following: 1. Please attach the supporting documentation as described in your response as the sign in document for the training that took place on 3/28/22. The document is not attached as stated. PR) 04/05/2022 March 28th is a typo. The sign in sheet referred to for the staff training meeting was on March 21, 2022 and that sign in sheet has been attached on both previous responses. The training was presented to review and reinforce all state regulations, all RYS policies and procedures and to have a chain of command assigned for reporting of all incidents. All current direct care counselors (staff) received the supervision even though some were not able to attend the meeting. OLR) Accepted 04/13/2022	

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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