DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1802-14-009**
Organization Name: **Pathways Youth Services III**

Date of Inspection: **11-10-2022**
Program Type/Facility Name: **14-009 Pathways Youth Services**

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	Pathways Youth Services This regulation was NOT MET as evidenced by: CHRIS Number: 20220003 Date/Time of Discover: 10/24/2022 4:45PM Enter Date/Time: 10/25/2022 6:46PM Reporting Delay: 2:1:00 Location Name: Pathways Youth Services	PR) 12/02/2022 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. Resident received medical care at the emergency room on October 24, 2022. The resident did not get back to the facility with staff until later that night. The next day those authorized to report in the CHRIS system were attending a class. Once Program Director realized the incident had not been reported; immediately logged into CHRIS system to report the incident. This provider is employing additional staff members; Clinical Director and Case Manager who will be dedicated to completing all CHRIS reports (awaiting background checks for those positions). However, Program Director will ensure CHRIS reporting is done timely until new employees have been properly trained. Having the additional staff being able to report in the CHRIS system will help prevent untimely reporting. 2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future. This provider's plan of action is as follows: New process in place for daily audits; Once	12/2/2022

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			background checks are cleared the new trained staff Clinical Director and Case Manager will input CHRIS incidents in a timely manner. However, Program Director will ensure CHRIS reporting is done timely until new employees have been properly trained and become authorized users. 3. Indicate the frequency for monitoring the plan including how it will be monitored (EX: monthly audits, weekly chart reviews, daily checklist, etc). This provider will ensure this process is monitored on a daily basis using the daily audit form. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Program Director will ensure this process is monitored on a daily basis by using the daily audit form. OLR) Accepted 12/05/2022	

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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.

Donna Cochran, Licensing Specialist	(Signature of Organization Representative)	Date

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