

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

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License #: 185-14-001

Organization Name: The James Barry Robinson Institute

Date of Inspection: 04-12-2024

Program Type/Facility Name: 14-001 The Barry Robinson Center

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-1070. 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	The Barry Robinson Center This regulation was NOT MET as evidenced by: CHRIS Number: 20240010 Date/Time of Discover: 03/23/2024 9:00AM Enter Date/Time: 03/25/2024 4:07PM Reporting Delay: 31:7:00 Location Name: The Barry Robinson Center	PR) 05/01/2024 Resident went to ER initially 3/21/24 9A. Chris report submitted. Specialist requested additional details to be returned by 3/26/24. Details provided 3/25/24, to include information that youth had returned to ER on 3/23/24 for same medical concern. Specialist responded that including 2nd visit information in response was not acceptable, that only events within the same 24 hour period can be entered in a single report, and that the agency would be cited for failure to report the event within 24 hours. The agency was not cognizant of the "24 - hour" rule for dual incidents and considered the information to be reported as required. The Advocacy Director is now clear on the requirement. To assure support for timely reporting, the Chief Compliance Officer will receive notification of all events due to be reported and will provide secondary intervention as necessary. OLR) Accepted 05/03/2024	5/1/2024

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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				