

**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: **08-23-2024**

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>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	The Barry Robinson Center This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-60. B. (8) - The provider's duties. 8. Providers shall ensure that the entries in an individual's services record are at all times authentic, accurate, complete, timely, and pertinent.	N	The Barry Robinson Center This regulation was NOT MET as evidenced by: Upon review CHRIS entry C- 20240002 ; the provider's investigation includes staff admission and eyewitness statements which revealed that Employee #1 did not document specific sequence of events into Individual's record at the time of services or discharge. Based on the investigative findings of the provider, there is a preponderance of evidence to support the advocate's substantiated finding.	PR) 09/26/2024 Clinician involved met with supervisory staff for clarification of expectations of documentation, including conversations held with parents or other participants in a youth's treatment. Clinician reviewed Health Information Policy 35.0, Charting Guidelines, which elaborates expectations for specifics of documenting in the medical record. Clinician and supervisor were provided copies of 12VAC35-115-60. Services for review. Clinical Director to review with Department Staff the expectations of documenting all contacts with participants in a resident's treatment. OHR/OLR) Accepted 09/26/2024	10/15/2024

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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.				
_____ Latoya Wilborne, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				