

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

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License #: 2171-14-001

Organization Name: North Spring Behavioral Healthcare, INC.

Date of Inspection: 05-03-2022

Program Type/Facility Name: 14-001 North Spring Behavioral Health

<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.	NS	North Spring Behavioral Health This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220293 Date/Time of Discover: 04/30/2022 6:45PM Enter Date/Time: 05/01/2022 8:03PM Reporting Delay: 1:18:00 Location Name: North Spring Behavioral Health Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 7/9/21 and is now a non-compliant.	PR) 06/08/2022 North Spring would like to provide context regarding the categorization of systemic non-compliance as we submit hundreds of reports to DBHDS on the Licensing and Human rights side in a calendar year and this was the second within almost a full calendar year. The late incident entry was due to access issues to the Chris system by the supervisor on duty was having entering and saving the reported incident. The information was communicated to the supervisor who was coming in the following day, unfortunately due to unforeseen circumstances he entered it 1 hour 18 mins past the 24 hour deadline. Retraining did occur with the supervisor involved on 5.12.22 regarding how to notify DBHDS of incidents in the event he is having technical issues with saving a report. As a second layer of follow up all Residential Supervisors responsible for entering Chris reports received training presented DBHDS on Chris reporting training module which was uploaded on in May of 2022 with a due date of completion by 6.17.22. Plan will be monitored by the Director of Residential Services and Risk Manager. OLR) Partially Accepted 06/09/2022 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).	6/17/2022

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License #: **2171-14-001**

Organization Name: **North Spring Behavioral Healthcare, INC.**

Date of Inspection: **05-03-2022**

Program Type/Facility Name: **14-001 North Spring Behavioral Health**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 06/09/2022 The plan will be monitored daily review of incident reports in flash meetings during business days and via shift report of incidents on weekends. OLR) Accepted 06/09/2022	

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