

**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: **06-24-2025**

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.	N	North Spring Behavioral Health This regulation was NOT MET as evidenced by: CHRIS Number: 20250046 Date/Time of Discover: 06/25/2025 9:00AM Enter Date/Time: 07/01/2025 12:41PM Reporting Delay: 123:41:00 Location Name: North Spring Behavioral Health CHRIS Number: 20250047 Date/Time of Discover: 06/25/2025 9:00AM Enter Date/Time: 07/01/2025 1:02PM Reporting Delay: 124:2:00 Location Name: North Spring Behavioral Health	PR) 07/30/2025 North Spring would like to dispute the citation for #20240044 as discovery of incident date is incorrect. The reporting was made for the ultrasound received on 5/31/25 which served as follow up from a routine dermatology appointment on 5/22/25. The discovery date should be 5/31/25 which is when the ultrasound occurred. Response to citation for incident #20250046 and #20250047 On 7/1/25 retraining was conducted with the Assistant Director of Risk regarding the criteria and timeline for reporting incidents to both the Serious Incident and Neglect and Abuse in CHRIS system. OLR) Partially Accepted 08/01/2025 In addition to the above, the provider response needs to include the following: 1. Please upload any and all documentation supporting a change from the current Discovery Date indicated on the CHRIS report for us to consider a dismissal. 2. Describe the specific issue that led to the late reporting. 3. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 4. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly	7/1/2025

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			chart reviews, quarterly checklist). PR) 08/15/2025 PR 8/15/25 The specific issue that led to late reporting was a misunderstanding of reporting guidelines of level 2 and level 3 to both Abuse and Neglect and Serious incidents sides of CHRIS. Education and training were provided to clarify the guidelines. Reporting will be monitored by the Risk Management Department via daily review of shift reports and daily reporting of incidents during operations meetings. Dispute for 20250044 Ultra sound scan document uploaded to reflect correct date of scan. OLR) Accepted 09/08/2025CHRIS Incident # 20250044 was removed from this citation.	

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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				