DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **2240-14-008**
Organization Name: **Center for Discovery**

Date of Inspection: **04-10-2025**
Program Type/Facility Name: **14-008 Summit Drive**

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	Summit Drive This regulation was NOT MET as evidenced by: CHRIS Number: 20250006 Date/Time of Discover: 03/17/2025 8:30AM Enter Date/Time: 03/20/2025 8:11PM Reporting Delay: 59:41:00 Location Name: Summit Drive CHRIS Number: 20250007 Date/Time of Discover: 03/18/2025 8:30AM Enter Date/Time: 03/20/2025 8:17PM Reporting Delay: 35:47:00 Location Name: Summit Drive CHRIS Number: 20250008 Date/Time of Discover: 03/18/2025 8:30AM Enter Date/Time: 03/20/2025 8:28PM Reporting Delay: 35:58:00 Location Name: Summit Drive CHRIS Number: 20250009 Date/Time of Discover: 03/18/2025 8:30AM Enter Date/Time: 03/20/2025 8:32PM Reporting Delay: 36:2:00 Location Name: Summit Drive CHRIS Number: 20250010 Date/Time of Discover: 03/18/2025 8:30AM Enter Date/Time: 03/20/2025 8:37PM Reporting Delay: 36:7:00 Location Name: Summit Drive CHRIS Number: 20250011 Date/Time of Discover: 03/18/2025 8:30AM Enter Date/Time: 03/20/2025 8:42PM Reporting Delay: 36:12:00	PR) 04/28/2025 New leadership has been placed in charge of this facility since the time of the incident. The Executive Director, Milieu Manager and Clinical Director all have a CHRIS login and will ensure that any serious incident will be reported to the state within the required 24-hour timeframe, including the date, time and brief description of the incident, actions taken as a result of the incident, all parties involved and the name of the person making the report going forward. OLR) Partially Accepted 05/15/2025 In addition to the above, the provider response needs to include the following: 1. 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. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 05/27/2025 1. The staff responsible for monitoring the data are the Executive Director and Clinical Director. 2. Audits are conducted weekly, and the audit item of weekly checks has been added to the facility's weekly inspection checklist. OLR) Accepted 06/17/2025	4/28/2025

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		Location Name: Summit Drive		

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