DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-29-2026**
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.	NS	Summit Drive This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20260001 Date/Time of Discover: 12/29/2025 9:00AM Enter Date/Time: 01/13/2026 12:25PM Reporting Delay: 339:25:00 Location Name: Summit Drive 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 4/10/25 and is now non-compliant.	PR) 02/18/2026 Measures to Ensure Sustained Compliance • The Program Director and Operations Manager will review all incident reports from the previous 24 hours during daily morning flash meetings to confirm that any potentially reportable incidents have been identified and submitted for CHRIS review. • All staff will verify during each shift handoff that there are no unresolved or unreviewed incidents requiring reporting. • The Program Director will conduct weekly audits (within 5–7 days) of all incident reports by cross-checking internal incident documentation against CHRIS submissions to ensure compliance with the 24-hour reporting requirement. • The Program Director and Operations Manager will complete monthly compliance reviews to evaluate reporting timelines, identify any delays, and implement corrective actions as needed. • Quarterly quality improvement meetings will include a review of CHRIS reporting timeliness data, identification of systemic barriers, and discussion of opportunities for continued improvement. OLR) Partially Accepted 02/26/2026 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. How was the late reporting of incidents	1/25/2026

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

Date of Inspection: **01-29-2026**
Program Type/Facility Name: **14-008 Summit Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			addressed? Was it a meeting, a training, or process change? Please be specific. PR) 02/27/2026 **Describe the specific issue that led to the late reporting**. The delay in reporting was due to internal efforts to assess and investigate the validity of the initially reported concerns. During this period, staff conducted room sweeps and increased supervision to ensure resident safety, while nursing staff completed assessments and determined that residents were clinically stable and not exhibiting signs of distress. Notification to parents did not occur until the medication was confirmed as present. As a result, leadership was not notified in a timely manner, which delayed the Program Director's ability to review and submit the CHRIS report within the required 24-hour timeframe. **How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific.** Leadership & Treatment Team Review Meeting: The delayed incidents were reviewed during a leadership meeting and discussed in a Treatment Team Review Meeting to identify contributing factors and reinforce the 24-hour reporting requirement. Expectations for timely documentation and supervisory oversight were clearly reiterated. Staff Re-Training: Direct care and clinical staff received re-education on:	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-29-2026**
Program Type/Facility Name: **14-008 Summit Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The 24-hour CHRIS reporting requirement Immediate supervisor notification procedures Proper documentation standards Office of Licensing Training: Additional CHRIS reporting training has been scheduled by the Office of Licensing for March 18th to further reinforce compliance and reporting expectations. These corrective actions were implemented to strengthen accountability, improve oversight, and prevent recurrence of late reporting. OLR) Accepted 03/06/2026	

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