License #: **2240-14-009**
Organization Name: **Center for Discovery**

Date of Inspection: **01-25-2022**
Program Type/Facility Name: **14-009 Center for Discovery- Monterey**

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	Center for Discovery- Monterey This regulation was NOT MET as evidenced by: CHRIS Number: 20220013 Date/Time of Discover: 12/29/2021 12:30PM Enter Date/Time: 01/10/2022 12:27PM Reporting Delay: 263:57:00 Location Name: Center for Discovery- Monterey CHRIS Number: 20220015 Date/Time of Discover: 12/02/2021 10:00AM Enter Date/Time: 01/14/2022 5:35PM Reporting Delay: 1015:35:00 Location Name: Center for Discovery- Monterey	PR) 02/14/2022 **Discovery Behavioral Health has now administered all facilities with logins for the CHRIS system to report all serious Incidents reports. Annandale RTC Program Administrator attended an internal training on the reporting requirements of Serious Incident Report for the state of Virginia on Friday, January 28, 2022. All log-in will be administered at onboarding and maintained by the Director of Regulatory Affairs.** . OLR) Partially Accepted 02/15/2022 In addition to the above, Provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. Describe how the specific issue was addressed. 2. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. Be sure to include how the process will be implemented when key staff are unexpectedly absent from work or locked out of CHRIS. 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	2/14/2022

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			(Ex: monthly audits, weekly chart reviews, quarterly checklist). PR) 02/18/2022 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. **At the time of the both reports, Discovery Behavioral Health facilities did not have official logins for the Virginia CHRIS reporting system. All serious incidents were reported via email to the assigned licensing agent** 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. **Discovery Behavioral Health has now administered all facilities with logins for the CHRIS system to report all serious Incidents reports. Virginia Program Directors and Milieu Managers attended an internal training on the reporting requirements of Serious Incident Report for the state of Virginia on Friday, January 28, 2022. All log-in will be administered at onboarding and maintained by the Director of Regulatory Affairs.** 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **All log-in will be administered at onboarding and maintained by the Director of Regulatory Affairs. This will be maintained on an internal staff checklist that will be updated as needed.** 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). **All logins were received on 1/7/21 and the training for VA Program Directors and Milieu Managers occurred on 1/28/22.** OLR) Accepted 02/22/2022	

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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.

Sherry Miles, Licensing Application Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined