DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-07-2023**
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: 20230010 Date/Time of Discover: 06/16/2023 5:00PM Enter Date/Time: 06/21/2023 8:05PM Reporting Delay: 99:5:00 Location Name: Center for Discovery- Monterey	PR) 07/27/2023 As a result of this incident, all on-call employees have been required to obtain/apply for a CHRIS login to ensure timely reporting of incidents required to be reported to the state. Additionally, several employees have completed the investigator training, should the need arise for an investigation to take place. All employees with CHRIS logins, and investigator certificates have been re-assigned the DBH Virginia specific policies on CONNECT, CHRIS and Human Rights Investigations for read/verify. A Teams chat will be created for timely processing and facilitation of response to serious events for facilities in the state of Virginia. OLR) Partially Accepted 08/14/2023 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). 3. Provider is encouraged to use the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website for staff training while waiting for the next DBHDS Training. Attached to the CAP Response you will	8/25/2023

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			find a document that contains links to the training and guidance documents for your convenience. PR) 08/17/2023 OLR) Partially Accepted 08/14/2023 In addition to the previously submitted response, please add 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: **Operations Specialist** 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist): **Monthly audit by Operations Specialist** 3. Provider is encouraged to use the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website for staff training while waiting for the next DBHDS Training. Attached to the CAP Response you will find a document that contains links to the training and guidance documents for your convenience: **THANK YOU! We will assign to our staff and appreciate the resource.** 4. **For all therapist hires, enrollment in the CHRIS system and acquisition of a CHRIS login will now be part of the onboarding process.** OLR) Accepted 08/22/2023	

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			Actual names removed.	

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