DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-09-2024**
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: 20240023 Date/Time of Discover: 09/18/2024 10:00PM Enter Date/Time: 09/25/2024 3:30PM Reporting Delay: 137:30:00 Location Name: Center for Discovery- Monterey	PR) 10/17/2024 This facility has experienced a turnover in personnel and will undergo the following corrective measures: 1. All Program Directors, Milieu Coordinators, therapy staff and technician leadership will be retrained on CHRIS and Human Rights reporting and timelines. 2. All Program Directors, Milieu Coordinators, therapy staff and technician leadership will have a CHRIS login if they do not already. 3. All Program Directors, Milieu Coordinators, therapy staff and technician leadership will be trained as investigators for Human Rights incidents. Creation of logins and all training will be complete for this campus no later than November 1, 2024. OLR) Partially Accepted 10/25/2024 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. 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. 3. Indicate the frequency for monitoring the	11/1/2024

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			plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). 4. Provider is encouraged to review 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. PR) 11/01/2024 1. Describe the specific issue that led to the late reporting. **Employee turnover combined with administrator on leave and lack of follow through which was addressed through verbal coaching**. 2. 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. **The Executive Program Administrator is responsible. This person will ensure that the therapist assigned to the patient involved in an incident will complete timely entry during programming hours. After programming hours and on weekends, the Therapist on Call is responsible for this task.** 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). **The Executive Program Administrator will**	

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			monitor the plan via a form on the Company shared drive weekly as a minimum, and more often if an event transpires. The Executive Program Director will follow up with the therapist after any incident to confirm that all reports have been reported as required. 4. Provider is encouraged to review 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. **All relevant staff were retrained on CHRIS on 10/29/24 and resources provided here were provided to staff and are attached to the Company's state specific policy on Incident Reporting for the State of Virginia.** OLR) Accepted 11/08/2024	

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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