DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **3**
License #: **2240-14-010**
Organization Name: **Center for Discovery**

Date of Inspection: **05-31-2022**
Program Type/Facility Name: **14-010 Burke Lake Road**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. J. - The provider shall develop and implement written policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy and procedures must be approved by a health care professional. The provider shall keep documentation of this approval.	N	Burke Lake Road This regulation was NOT MET as evidenced by: At the time of inspection, provider failed to implement the written policy for documenting medication errors. Individual #1 missed Medication #1 on 3/23/22; 4/12/22; 4/13/22; 4/14/22; 4/15/22; 4/16/22; and Medication #2 on 4/10/22 and 4/11/22. Provider's policy indicates an incident report is to be completed for medication errors to include missed medication. At the time of inspection, the provider was unable to provide incident reports for the missed medication indicated above.	PR) 07/27/2022 ***Actions Taken*** • **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.** There was a breach in the medication management process for physician orders and inventory available for medication administration by program staff. Program staff responsible for the administration of medication were unaware of the process of correctly identifying in the EMR when medication was not available at the facility. • **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.** Mandatory training was provided by the Medical Quality Management Coordinator on June 7, 2022, at 2:00pm. This training consisted of a discussion specific to the medication management policy and incident reporting policies notifying the Program Director and psychiatrist of missed or refused medication. Training also included adding documentation to the MAR when a medication is missed or refused. When the inventory is delayed to the facility, the staff were trained to document "no" on the MAR and add a note regarding the reason the medication was not given. An LPN was added to staffing as of June 28, 2022, at Fairfax Station to support in oversight of medication management. Fairfax Station has added	7/27/2022

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			additional pharmacies to address barriers to insurances, medication types, and assuring consistent inventory. • **Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).** Mileu Manager completes weekly chart audits. Chart audit includes a review of the MAR to include medication count and availability. Program Director will review all incident reports submitted as a result of missed or refused medication to assure compliance with documentation. Medical Quality Management Coordinator will conduct bi-annual Medication Room Reviews. **By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).** Training completed June 7, 2022 Weekly Audits started June 14, 2022, and are ongoing Incident Reporting reviews were established and are ongoing Medication Room Review completed June 27, 2022 OLR) Accepted 08/22/2022	

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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.

Kecia David, Licensing Specialist	(Signature of Organization Representative)	Date

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