DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-18-2022**
Program Type/Facility Name: **14-010 Burke Lake Road**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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	Burke Lake Road This regulation was NOT MET as evidenced by: CHRIS Number: 20220021 Date/Time of Discover: 05/14/2022 9:30PM Enter Date/Time: 05/16/2022 9:22AM Reporting Delay: 11:52:00 Location Name: Burke Lake Road	PR) 05/31/2022 Please note that all documentation was attempted to be submitted on time, via the CHRIS system. We were in fact able to submit the abuse allegation, however CHRIS system would not allow us to submit the serious incident report. As a result, I took multiple screen shots, evidencing the date and time. In the event that this should happen again, we will reach directly out to the office of incident reporting should we be experiencing any technical difficulties. OLR) Not Accepted 05/31/2022 In reviewing the screenshots for the late reporting in CHRIS, the Discovery Date/Time was noted as an "Invalid Time". This is the reason as to why there was an issue submitting the serious incident report. As this appears to be the case, this is not considered a CHRIS issue. Please note if a provider is unable to report a serious incident in the CHRIS system because of a CHRIS system error or a network outage, then the provider must notify the Office of Licensing's Incident Management Unit (IMU) via e-mail within 24 hours of the discovery of the incident: incident_management@dbhds.virginia.gov. PR) 06/08/2022 Please accept this updated response to our corrective action, we will ensure that all required fields are completed before submission including but not limited to time. In the event that we are	5/18/2022

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			unable to report a serious incident in the CHRIS system because of a CHRIS system error or a network outage, we will notify the Office of Licensing's Incident Management Unit (IMU) via e-mail within 24 hours of the discovery incident. OLR) Partially Accepted 06/10/2022 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). PR) 06/28/2022 Please accept this updated response to our corrective action Program Director will ensure that all required fields are completed before submission including but not limited to time. Program Director will monitor entry of incident reporting before each CHRIS submission to assure all fields are	

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			completed. In the event that we are unable to report a serious incident in the CHRIS system because of a CHRIS system error or a network outage, Program Director or Regional CEO will notify the Office of Licensing's Incident Management Unit (IMU) via e-mail within 24 hours of the discovery incident. OLR) Accepted 06/30/2022	

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.

Imani Anusiem	(Signature of Organization Representative)	Date

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