DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-30-2022**
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.	NS	Burke Lake Road This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220024 Date/Time of Discover: 08/11/2022 4:00PM Enter Date/Time: 08/15/2022 1:15PM Reporting Delay: 69:15:00 Location Name: Burke Lake Road CHRIS Number: 20220025 Date/Time of Discover: 08/13/2022 6:28PM Enter Date/Time: 08/17/2022 9:48AM Reporting Delay: 63:20:00 Location Name: Burke Lake Road CHRIS Number: 20220026 Date/Time of Discover: 08/09/2022 7:00PM Enter Date/Time: 08/17/2022 10:05AM Reporting Delay: 159:5:00 Location Name: Burke Lake Road Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 5/18/22 and is now considered non-compliant.	PR) 09/06/2022 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. A patient at the facility experienced a fainting episode as a result of a chronic medical disorder. Medical attention outside the facility was obtained, parents were notified and an internal incident report was completed; the facility failed to report the incident to the department within 24 hours. Moving forward as a part of the workflow for addressing medical responses in the facility a report with the state will be added. As of 09/02/22 a hard copy of department guidelines and reportable incidents have been printed out to use when reviewing incident reports. ***Note*** Email response from licensing analysis was received on 8/16/22 due to the chronic nature of the medical disorder. Clarification confirmed incident report will be submitted for all fainting spells requiring outside medical attention. 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. Updates as of 8/11/22 incidents that involve any medical attention outside the facility as a result of a chronic medical disorder will be reported within 24 hour period.	9/6/2022

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			All staff will have access to a copy of what is a state reportable incident along with time frames of when they are to be submitted to the department. 3. 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). The Program Director and Facility manager will monitor and enforce department policy and procedure to ensure that the facility is staying within compliance. Program Director will review internal incident reports daily to determine if the incident is required to be reported to the state. 4. By what date you will have each planned corrective 09/02/2022 OLR) Accepted 09/07/2022	

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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