DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-30-2023**
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: 20230014 Date/Time of Discover: 08/09/2023 6:27PM Enter Date/Time: 08/10/2023 7:40PM Reporting Delay: 1:13:00 Location Name: Burke Lake Road	PR) 09/19/2023 All company facilities in Virginia are now required to submit their list of personnel with CHRIS logins on a monthly basis, to ensure that staff on duty at any time are able and have access to file a serious incident report timely. In addition, we have created and attached a competency test to Policy VA-013 - *Virginia State Reporting Requirements for Serious Incidents* which emphasizes essentials of the need to report, as well as the importance of the 24-hour reporting submission timeline. This policy and competency quiz will be sent to all Virginia employees on 9/21/23, for which they will need to pass the test with 100% correct answers to document competency of the material. OLR) Partially Accepted 09/21/2023 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). PR) 09/21/2023 Operations Specialist checks and submits reports on the last day of each month. The report includes all employee names and their	9/29/2023

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			CHRIS login numbers. The log is housed in Sharepoint for quick reference. OLR) Accepted 09/21/2023	

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