DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-16-2024**
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: 20240013 Date/Time of Discover: 01/26/2024 9:20PM Enter Date/Time: 01/31/2024 4:32PM Reporting Delay: 91:12:00 Location Name: Burke Lake Road CHRIS Number: 20240014 Date/Time of Discover: 01/26/2024 9:20PM Enter Date/Time: 01/31/2024 4:44PM Reporting Delay: 91:24:00 Location Name: Burke Lake Road CHRIS Number: 20240015 Date/Time of Discover: 02/07/2024 12:30PM Enter Date/Time: 02/09/2024 3:40PM Reporting Delay: 27:10:00 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 7/6/23 and is now a non-compliant. • The second citation was issued on 8/30/23 and is now a non-compliant.	PR) 02/19/2024 Effective 2/15/24, a new Executive Program Administrator was appointed to oversee operations at the Burke Lake Road location, in response to noted deficiencies in leadership. A current review of all deficiencies at that facility is underway, and advertisement has been launched to hire a Milieu Manager and Milieu Coordinator for this facility to complement this new leadership structure. Through more diligent oversight (the Executive Program Administrator will be onsite at the facility on a consistent weekly basis), staff re-training, and weekly review of processes, the Company is providing extra resources to address this repeat area of non-compliance. OLR) Partially Accepted 03/01/2024 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) 03/05/2024 1. The Executive Program Administrator will	3/8/2024

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			be responsible for monitoring implementation of the process to ensure timely data entry of Level II and Level III incidents into CHRIS. Onsite leadership (not including the Executive Program Administrator) will be responsible for entering data into CHRIS. The Executive Program Administrator will also ensure that appropriate staff have CHRIS logins at time of hire. 2. All staff will be reassigned the Virginia specific policies regarding incident reporting and compliance in CHRIS and CONNECT. 3. The Executive Program Administrator is notified daily of all incident reports. Quarterly audits for incident reporting timeliness will also be conducted through the facility High Risk Audit (set to launch company-wide in Q2 2024). OLR) Accepted 03/08/2024	

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