DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-20-2025**
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: 20250021 Date/Time of Discover: 05/25/2025 9:15PM Enter Date/Time: 05/28/2025 3:12PM Reporting Delay: 41:57:00 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 10/9/24 and is now a non-compliant. • The second citation was issued on 10/31/24 and is now a non-compliant.	PR) 06/30/2025 All staff have been reassigned two policies: VA-State Reporting Requirements for Serious Incident v25.0 and VA- State Reporting Requirements for Human Rights Violations & Complaint Process v25.1 to read and verify by July 25, 2025. All employees are to obtain a CHRIS Reporting Number by July 25. 2025, and submit verification of both to the Program Director. If there is an event for which a state report needs to be filed, and staff onsite at the time of the event fail to do so in a timely manner, this lack of compliance will be met with a disciplinary response from the Program Director in collaboration with the Regional Director and/or Company Department of Human Resources. OLR) Partially Accepted 07/11/2025 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. 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. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). 4. Provider is encouraged to review the	7/31/2025

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			Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website for staff training while waiting for the next DBHDS Training. Attached to the CAP Response you will find a document that contains links to the training and guidance documents for your convenience. PR) 07/28/2025 Staff Responsible for Monitoring: The Program Director is responsible for monitoring CHRIS reporting compliance. The Milieu Manager assists with tracking and follow-up on late reporting. CHRIS Data Entry Oversight: Level II and III incidents are entered into CHRIS by the Milieu Manager, Program Director and/or Staff . The Program Director conducts weekly reviews to ensure timely and accurate reporting. Monitoring Process & Frequency: Daily checks by the Milieu Manager for reportable incidents Weekly audits by the Program Director for timeliness and compliance Monthly reviews documented in QA logs and discussed in supervision and team meetings Training & Guidance Documentation: Staff have been notified that they are expected to utilize the materials suggested by your office previously while awaiting the next live DBHDS training session.	

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			OLR) Accepted 07/31/2025	

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