DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-06-2025**
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: 20250026 Date/Time of Discover: 10/16/2025 8:30AM Enter Date/Time: 10/17/2025 12:49PM Reporting Delay: 4:19:00 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 6/20/25 and is now non-compliant.	PR) 11/14/2025 Led by the Program Direcor, the facility is holding daily flash meetings during the first shift, along with structured shift huddles and handoffs, wherein the meetings start with a review of any incidents from the previous shift to ensure clear communication, timely filing with the state if necessary, and timely follow-up in accordance with Company and state guidelines. The Program Director has also worked with all members of the staff to identify which staff need to complete an incident report and determine if the incident is CHRIS reportable on each shift. This ongoing process supports consistency, accountability, and compliance with reporting requirements. OLR) Partially Accepted 12/02/2025 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 checklist). CHRIS where possible. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly	12/12/2025

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			chart reviews, or quarterly. PR) 12/15/2025 The late reporting occurred because the incident was not escalated and reviewed in a timely manner during the shift handoff process. The staff member who discovered the incident did not immediately notify leadership, which delayed confirmation of CHRIS reportability. As a result, the Program Director was not alerted in a timely manner to review and submit the CHRIS report within the required 24-hour window. **The following staff are responsible for monitoring the reporting and documentation process, ensuring timely escalation, verification, and entry of all Level II and Level III incidents into CHRIS**: Milieu Manager, Educational Liaison, a designated Behavioral Health Technician, a designated Associate Therapist, and another designated Associate Therapist The monitoring plan will occur at multiple levels to prevent recurrence: **Daily:** -Milieu Manager and Program Director will review all incident reports from the previous 24 hours during morning flash meetings and confirm that any potentially reportable incidents are submitted for CHRIS review. -All staff will verify during each shift handoff whether there are unresolved or unreviewed incidents requiring reporting. **Weekly:** The Program Director will conduct a weekly audit (within 5-7 days) of all incident reports, by cross	

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			checking them against CHRIS submissions to ensure compliance with the 24-hour requirement. **Monthly:** Program Director and Milieu Manager will complete a monthly compliance review to ensure accuracy of reporting timelines, look into any delays, and implement additional corrective steps if necessary. **Quarterly:** Quarterly quality improvement meetings will include a review of timeliness data, systemic barriers, and opportunities for continued improvement. OLR) Accepted 01/06/2026	

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