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

Date of Inspection: **06-03-2026**
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: 20260012 Date/Time of Discover: 05/05/2026 9:05PM Enter Date/Time: 05/17/2026 11:31AM Reporting Delay: 254:26:00 Location Name: Burke Lake Road CHRIS Number: 20260013 Date/Time of Discover: 05/04/2026 9:00PM Enter Date/Time: 05/17/2026 12:11PM Reporting Delay: 279:11:00 Location Name: Burke Lake Road This is a systemic (NS) citation. Based upon the rolling year (June 4, 2025 – June 3, 2026) for (14-010) this is the Third Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2. • The first citation issued on 6/20/25 is now considered non-compliant. • The second citation issued on 11/6/25 is now considered non-compliant systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS - website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submit an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than the due date of 6/26/26 If the provider does not submit attestation(s) to confirm completion of required trainings	PR) 06/26/2026 **Licensing Concern:** The provider failed to ensure required state reportable incidents were submitted in accordance with DBHDS reporting requirements. **Root Cause Analysis** Discovery Behavioral Health conducted a review of the circumstances contributing to the deficiency. The employee who entered the report is no longer with the facility, and thus we cannot speak accurately as to the reason for the late submission. We have created new processes and systems of accountability that should resolve this issue going forward. Additionally, expectations regarding incident escalation, leadership accountability, and continuity of reporting responsibilities were not documented in a manner that ensured consistent execution across all levels of the organization. **Corrective Action** Discovery Behavioral Health has implemented the following corrective actions: **1. Development of State Reporting Training Packet** A comprehensive DBHDS CHRIS and State Reportable Incident Training Packet has been developed and distributed to all applicable staff and leaders. The training packet includes: • CHRIS System Training • Creating a New Serious Incident guidance • Updating a Serious Incident guidance	7/31/2026

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		and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form.	• DELTA Overview • Discovery Behavioral Health State Reporting Expectations • Abuse, Neglect, and Exploitation Guidance • State Reporting Escalation Expectations **2. Staff Education and Accountability** All employees will review the State Reporting Training Packet and complete a Staff State Reporting Attestation. The attestation requires acknowledgment that: • Potential state reportable incidents must be communicated to leadership within two (2) hours of awareness. • Staff are responsible for reporting concerns rather than independently determining reportability. • Concerns involving abuse, neglect, exploitation, injuries, hospitalizations, rights concerns, and other significant events must be escalated immediately. **3. Leadership Education and Accountability** All program leadership will complete a Leadership State Reporting Attestation. The attestation outlines leadership responsibilities related to: • Incident review • Determination of reportability • CHRIS submission • Report updates • Staff education • Compliance monitoring • Continuity of reporting responsibilities **4. Regional Leadership Oversight**	

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			Regional leadership will complete a Regional Leadership Attestation acknowledging responsibility for: • Leadership training • Compliance oversight • Reporting audits • Accountability measures • Continuity planning during staffing transitions **5. Reporting Escalation Process** Discovery Behavioral Health has implemented a formal state reporting escalation process. All staff are required to notify leadership of potential state reportable incidents within two (2) hours of becoming aware of an event. When immediate leadership is unavailable, staff are expected to continue escalation through the designated chain of command until successful notification occurs. **6. Reporting Continuity Plan** Discovery Behavioral Health has implemented a reporting continuity process to ensure state reporting responsibilities remain operational during: • Staff turnover • Leadership transitions • Vacancies • Organizational restructuring • Leaves of absence • Vacations Reporting responsibilities are assigned to multiple levels of leadership to eliminate single points of failure.	

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			7. Compliance Auditing A monthly state reporting audit process has been implemented. Audits will review: • Internal incident reports • State report submissions • Reporting timeliness • Report updates • Documentation accuracy • Compliance with escalation requirements Audit findings will be reviewed by facility leadership, regional leadership, and executive leadership. **8. Executive Oversight** Discovery Behavioral Health leadership has issued an Executive Commitment to State Reporting Compliance. Executive leadership will monitor implementation of corrective actions, review audit findings, and ensure ongoing compliance with DBHDS reporting requirements. Monitoring Compliance will be monitored through: • Training packet review verification • Signed attestations • Monthly reporting audits • Leadership review of reporting metrics • Executive oversight of compliance findings Any identified deficiencies will result in immediate review, retraining, and corrective action as appropriate.	

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			OLR) Partially Accepted 07/09/2026 In addition to the above, the provider's response needs to include the following: 1. Please return a signed attestation for the individual(s) trained using the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website. The OL Attestation has been uploaded to the CAP Response section of the citation for your convenience. The document submitted is not the correct form for the third step in the progressive citation process. PR) 07/22/2026 Signed Attestation has been uploaded for review. OLR) Accepted 07/30/2026	

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General Comments / Recommendations:
Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than June 26, 2026.
1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents. This document has been uploaded in the CAP Response Screen for your convenience. Please be sure to complete all the training listed on the form.

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