DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **291-14-008**
Organization Name: **Second Story**

Date of Inspection: **07-26-2022**
Program Type/Facility Name: **14-008 Second Story**

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	Second Story This regulation was NOT MET as evidenced by: CHRIS Number: 20220037 Date/Time of Discover: 07/06/2022 8:30PM Enter Date/Time: 07/11/2022 11:33AM Reporting Delay: 87:3:00 Location Name: Second Story	PR) 08/11/2022 1. VP of residential services submitted a report into OHR side of CHRIS system within the 24-hour time requirement after a youth drank a toxic cleaning product, but did not remember until several days later that this serious incident should also have been submitted into OL side of CHRIS system, at which point she completed the OL submission. 2. CRMO will conduct a training session with all CHRIS system eligible on-call supervisors to ensure compliance with OL and OHR reporting requirements. A procedure will be created stating that all incident reports must be emailed by program staff to CRMO and VP of Residential Services (or up to two other CHRIS-trained supervisors if CRMO and/or VP are not available when the report is created). 3. CRMO will monitor this procedure during the root cause analysis quarterly review. Program managers and/or VP of Residential Services may take over quarterly monitoring if CRMO is not available for some reason. 4. CRMO will conduct the training session identified in #2 within four weeks of this CAP's creation (by 9/8/2022). OLR) Accepted 08/15/2022	9/8/2022

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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.

Sherry Miles, Licensing Application Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined