DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-13-2026**
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: 20250018 Date/Time of Discover: 12/27/2025 9:08AM Enter Date/Time: 12/28/2025 10:27PM Reporting Delay: 13:19:00 Location Name: Second Story	PR) 02/02/2026 During this incident, residential staff on duty consulted with a Case Manager (CM), who was acting as on-call supervisor at the time. During these communications, CM could not recall whether this incident would need to be entered into CHRIS. CM consulted with the Vice President of Residential Services (VP), who did not recall correctly. Additionally, residential staff failed to follow program policy as they did not promptly send the incident report to the group of appropriate supervisors for review. Once the report was sent to these supervisors the next day, it was entered (late) into CHRIS by VP. To address this situation, on-call supervisors were retrained on incident reporting requirements. Residential staff were also retrained on 1/7/26, with one staff member receiving a written warning. To monitor this corrective action, the Compliance & Training Manager will continue to update and maintain the manual for on-call supervisors as well as SSTC's "COOL Book" as needed, plus provide refresher training to both supervisors and residential staff on an annual basis at minimum. OLR) Accepted 02/06/2026	1/7/2026

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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