DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-30-2026**
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.	NS	Second Story This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20260009 Date/Time of Discover: 06/15/2026 3:40PM Enter Date/Time: 06/16/2026 6:51PM Reporting Delay: 3:11:00 Location Name: Second Story 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 1/13/26 and is now non-compliant.	PR) 07/22/2026 Noncompliance in this case was caused by two staff errors. First, the residential counselors on duty only notified two out of three required staff members of this incident (the Program Manager [PM] and the Vice President of Residential Services [VP], excluding the Compliance & Training Manager [CTM] as the third required staff member). Second, both PM and VP forgot to enter this incident within the 24-hour deadline. The issue was corrected when VP noticed the deadline had just passed and notified CTM. The incident was then promptly entered into CHRIS. To address the systematic issues that led to this, CTM retrained PM on the CHRIS database on 7/7/26. CTM also retrained residential staff on proper incident reporting protocol during the weekly staff meeting on 7/8/26. CTM will continue to monitor the need for additional retrainings on this topic via the monthly root cause analysis reviews of all program incidents. OLR) Accepted 07/30/2026	7/8/2026

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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