

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **2917-14-001**

Organization Name: **Three Rivers Treatment Center, LLC**

Date of Inspection: **10-14-2022**

Program Type/Facility Name: **14-001 Three Rivers Treatment Center**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: CHRIS Number: 20220122 Date/Time of Discover: 09/25/2022 2:00PM Enter Date/Time: 09/28/2022 10:56AM Reporting Delay: 44:56:00 Location Name: Three Rivers Treatment Center	PR) 11/04/2022 PR1: Three Rivers Treatment Center disputes that CHRIS report 20220122 was submitted in violation of 12VAC35-46-1070.C. Report 20220122 is a companion to report 20220121 submitted on 09-26-22 at 11:22:38 for an incident discovered on 09-25-22 at 2:00 pm. Report 20220121 was submitted due to a peer-to-peer incident resulting in a bloody nose. The incident did not result in significant harm or threat to the health or safety of others. The emergency room visit was made at the request of the resident's guardian ad litem, not of clinical necessity. Report 20220122 was generated on demand of IMU on 09-27-22. Report 20220122 was entered into CHRIS on 09-28-22 in compliance with 12VAC35-46-1070.C. at the level specified by IMU. PR2: Three Rivers Treatment Center will continue to submit CHRIS reports in accordance with 12VAC35-46-1070.C and Three Rivers Policy and Procedure RM – 001, Corrective Action Plan(s); Receipt of and Response to. PR3: Risk Management will monitor the procedures implemented for CAP response to ensure compliance with regulation. Monitoring is weekly using a daily checklist for each CAP required. OLR) Partially Accepted 11/10/2022 Based on the provider's response, the provider was advised by IMU to enter the	11/30/2022

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			report in CHRIS. The report 20220122 described a peer to peer incident, however, there was only a report in the system for one individual. IMU advised the provider to enter the other one in CHRIS as required. based upon Serious Incident Reporting Guidance dated November 2020 that each individual involved in a peer to peer must have an individual CHRIS Report. Guidance on Incident Reporting Requirements (November 2020) "Level II serious incident" also includes a significant harm or threat to the health or safety of others caused by an individual. o Peer to peer incidents that result in significant harm or threat to the health or safety of an individual by an another individual should be reported to the Office of Licensing as two separate Level II serious incidents in the CHRIS reporting system. For example, if Individual #1 punches Individual #2 and Individual #2 sustains a broken nose, this Level II serious incident should be reported into CHRIS as a Level II serious incident for Individual #1 because that person caused significant harm to another individual. This incident should also be reported as a Level II serious incident for Individual #2 because that person sustained a serious injury. The provider is also required to report the incident for Individual #2 to the Office of Human Rights and investigate as required by Regulations to Assure the Rights of Individuals	

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			Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services [12VAC35-115- 50] ("Human Rights Regulations"). Additionally, we are unable to excuse incidents that should have been entered in the OHR side on time and not on the OL side if it meets OL reporting guidelines. Guidance on Incident Reporting Requirements (August 2020) Please note that these methods of reporting an incident in place of submitting an incident report into the CHRIS system will be deemed as non-compliant and the provider will be cited: ? Reporting a serious incident to the provider's licensing specialist via e-mail or phone call; ? Reporting a serious incident to the provider's human rights advocate via e-mail or phone call; ? Reporting the incident to any other representative of DBHDS by any means other than the serious incident reporting function in CHRIS; and ? Reporting an allegation of abuse or neglect that also meets the criteria for a Level II or Level III serious incident only on the DBHDS Office of Human Rights (OHR) side of CHRIS instead of reporting the incident on both the OHR and the DBHDS Office of Licensing sides of CHRIS.	

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			Please respond to the following questions no later than the due date. However, if you wish to dispute the CAP please respond to the CAP saying you'd like to dispute. Be sure to include a detailed reason for the dispute and upload any supporting documentation for us to consider dismissing the CAP. 1. Provide a statement of the issue that led to non-compliance. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 3. Provider is encouraged to review Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your convenience. PR) 11/29/2022 Please respond to the following questions no later than the due date. However, if you wish to dispute the CAP please respond to the CAP saying you'd like to dispute. Be sure to include a detailed reason for the dispute and upload any supporting documentation for us to consider dismissing the CAP.	

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			1. Provide a statement of the issue that led to non-compliance. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 3. Provider is encouraged to review Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your convenience. PR#1: Report 20220122 is a companion to report 20220121 submitted on 09-26-22 at 11:22:38 for an incident discovered on 09-25-22 at 2:00 pm. Report 20220121 was submitted due to a peer-to-peer incident resulting in a bloody nose. The incident did not result in significant harm or threat to the health or safety of others. The emergency room visit was made at the request of the resident's guardian ad litem, not of clinical necessity. Report 20220122 was generated on demand of IMU on 09-27-22. Report 20220122 was entered into CHRIS on 09-28-22. PR#2: Three Rivers Treatment Center will continue to submit CHRIS reports in accordance with 12VAC35-46-1070.C and Three Rivers Policy and Procedure RM – 001, Corrective Action Plan(s); Receipt of and Response to. Effective immediately, all CHRIS reportable incidents will include submissions for every	

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			resident present in the incident location at the time of occurrence. PR#3: Office of Licensing CHRIS Training and guidance documents reviewed. OLR) Accepted 11/29/2022	

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