

**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: 01-03-2023

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

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	Three Rivers Treatment Center This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20220132 Date/Time of Discover: 12/07/2022 3:50PM Enter Date/Time: 12/09/2022 12:34PM Reporting Delay: 20:44:00 Location Name: Three Rivers Treatment Center CHRIS Number: 20220133 Date/Time of Discover: 12/07/2022 3:50PM Enter Date/Time: 12/09/2022 2:50PM Reporting Delay: 23:0:00 Location Name: Three Rivers Treatment Center CHRIS Number: 20220134 Date/Time of Discover: 12/08/2022 9:00AM Enter Date/Time: 12/09/2022 4:04PM Reporting Delay: 7:4:00 Location Name: Three Rivers Treatment Center CHRIS Number: 20220135 Date/Time of Discover: 12/08/2022 9:00AM Enter Date/Time: 12/09/2022 4:24PM Reporting Delay: 7:24:00 Location Name: Three Rivers Treatment Center CHRIS Number: 20220136 Date/Time of Discover: 12/08/2022 9:00AM Enter Date/Time: 12/09/2022 4:55PM Reporting Delay: 7:55:00 Location Name: Three Rivers Treatment Center 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	PR) 01/26/2023 PR1: The incidents reviewed in this inspection occurred between Dec. 07, 2022 and Dec. 8, 2022. The Risk Director is responsible for entering required incidents into CHRIS; however, the Risk Director did not return to work until Dec. 8, 2022 from a mandatory COVID 19 infection isolation. The Facility's new risk assistant was processing reports internally but did not yet have CHRIS access. CHRIS access has since been granted to the risk assistant and the H/R director. PR2: Leadership has reviewed the current process for reviewing incidents and entering reports into the CHRIS system as necessary. Our policy and procedure is sound, lacking only addition CHRIS accounts to cover when the Risk Director is absent. CHRIS access has since been granted to the risk assistant and the H/R director. PR3: CHRIS reporting will be monitored weekly, reviewing all entries and ensuring completion by required date. Audits will be completed weekly by the risk director with 100% compliance being required. PR4: Jan. 26, 2023. OLR) Accepted 01/30/2023	1/26/2023

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		previously cited for late reporting • The first citation was issued on 10/14/22 and is now a non-compliant.		

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