DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **295-14-031**
Organization Name: **Intercept Health**

Date of Inspection: **01-04-2024**
Program Type/Facility Name: **14-031 Journey House - Intercept**

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	Journey House - Intercept This regulation was NOT MET as evidenced by: CHRIS Number: 20230148 Date/Time of Discover: 12/06/2023 2:00AM Enter Date/Time: 12/11/2023 8:13PM Reporting Delay: 114:13:00 Location Name: Journey House - Intercept	PR) 01/05/2024 This incident occurred due to staff not following CHRIS reporting timeliness guidelines appropriately. Journey House Program Manager and Senior Regional Manager will review DBHDS Incident and Human Rights Reporting Guidelines with all staff, including leadership staff, to include, but not limited to writing a Critical Incident Report, allotted time frames for reporting to the CHRIS system, and providing updates to the CHRIS system in a timely manner, etc. Journey House Program Manager will ensure that all reports are entered into the appropriate system and communicated by the close of day within the time allotted. Senior Regional Manager and Utilization Review Supervisor will continue to track timeliness on CHRIS entries, to ensure complete and timely entries are completed. OLR) Accepted 01/24/2024	1/5/2024

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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