

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

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License #: 3517-14-010

Organization Name: Virginia Health Operations LLC

Date of Inspection: 12-29-2021

Program Type/Facility Name: 14-010 Newport Academy- Creekside

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	Newport Academy- Creekside This regulation was NOT MET as evidenced by: CHRIS Number: 20210049 Date/Time of Discover: 12/20/2021 11:30AM Enter Date/Time: 12/21/2021 1:40PM Reporting Delay: 2:10:00 Location Name: Newport Academy- Creekside	PR) 01/07/2022 Meet w/ Managers to review plan for CHRIS completion and coverage in the event that the responsible party is unable to complete the report within the 24 hour deadline New IR System allows for daily review of IRs by all managers trained in CHRIS - this will allow for better oversight and planning for CHRIS reporting. OLR) Partially Accepted 01/10/2022 In addition to the above, provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. Describe how the specific issue was addressed. Was it a meeting, a training, or process change? Please be specific. 2. Staff by title who has the primary responsibility to enter incidents into CHRIS. 3. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. 4. Description of process that will be implemented agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 5. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in	1/13/2022

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			CHRIS where possible. 6. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). PR) 01/10/2022 1. Describe the specific issue that led to the late reporting. - Nurse Manager was balancing the requirements of her role with supporting with staff coverage; she also did not communicate her need for support with CHRIS reporting. Describe how the specific issue was addressed. - Additional nurses were hired to support with duty management; new IR system was created with increased access/oversight by on-site team; CHRIS coverage plan was created, specifically AOC On-Call. Was it a meeting, a training, or process change? Meeting scheduled on 1/13/22 and process change to be reviewed. 2. Staff by title who has the primary responsibility to enter incidents into CHRIS. - Nurse Manager submits CHRIS reports related to a medical incident/injury or hospitalization. 3. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. AOC On-Call 4. Description of process that will be implemented agency wide to ensure all Level II and Level III are entered into CHRIS within the required	

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			timeframe. Nurse Manager will complete CHRIS reports during the week; on-call AOC will submit over weekends 5. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. Executive Director 6. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). Reviewed during daily Flash meetings. OLR) Accepted 01/11/2022	

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.

Sherry Miles, Licensing Application
Specialist

(Signature of Organization Representative)

Date

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