

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

Page: 1 of 2

License #: 4380-04-005

Organization Name: Children's Hospital of The King's Daughters, Incorporated

Date of Inspection: 08-22-2023

Program Type/Facility Name: 04-005 Children's Pavilion

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-160. D. (2) - The provider shall collect, maintain, and report or make available to the department the following information: 2. Level II and Level III serious incidents shall be reported using the department's web-based reporting application and by telephone or email to anyone designated by the individual to receive such notice and to the individual's authorized representative within 24 hours of discovery. Reported information shall include the information specified by the department as required in its web-based reporting application, but at least the following: the date, place, and circumstances of the serious incident. For serious injuries and deaths, the reported information shall also include the nature of the individual's injuries or circumstances of the	NS	Children's Pavilion This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20230021 Date/Time of Discover: 08/07/2023 11:00AM Enter Date/Time: 08/08/2023 3:46PM Reporting Delay: 4:46:00 Location Name: Children's Pavilion 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 11/14/22 and is now a non-compliant.	PR) 09/13/2023 Source of non-compliance: Nurse manager did not report the transfer to the ED in CHRIS within 24 hours. To the best of his recollection, he was not notified of the event by staff in order to report in the required timeframe. Corrective Action Plan: 100 % of staff working on the inpatient units will receive additional information on those incidents reportable to DBHDS. - The training will be written with an opportunity for staff to ask additional questions of their manager. - Date of completion 10/15/23. - Monitoring: Nurse Manager to ensure compliance with training by monthly audits. - Charge nurses will receive additional training about reportable events and the new process for reporting events. - The new process involves entering incidents in the 24 hour shift reports as well as texting/calling the nurse manager as soon as possible after an event. - Date of completion 10/15/23. - Monitoring: Nurse Manager to ensure compliance by auditing 24 hour shift report 3x per week <u>and</u> tracking number all reportable incidents/events to number of texts/calls reporting events and completed DBHDS incident reports	12/31/2023

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

Page: 2 of 2

License #: **4380-04-005**

Organization Name: **Children's Hospital of The King's Daughters, Incorporated**

Date of Inspection: **08-22-2023**

Program Type/Facility Name: **04-005 Children's Pavilion**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
death and any treatment received. For all other Level II and Level III serious incidents, the reported information shall also include the consequences that resulted from the serious incident. Deaths that occur in a hospital as a result of illness or injury occurring when the individual was in a licensed service shall be reported.			through 12/31/2023 3. Notifications for movement of inpatients to the CHKD ED will be from the pediatrics to the nurse managers and director of risk and regulatory. Date of completion: completed. OLR) Accepted 09/13/2023	

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