

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

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

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

Date of Inspection: **04-08-2025**

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 as evidenced by: CHRIS Number: 20250015 Date/Time of Discover: 03/13/2025 3:30PM Enter Date/Time: 03/14/2025 5:31PM Reporting Delay: 2:1:00 Location Name: Children's Pavilion CHRIS Number: 20250016 Date/Time of Discover: 03/13/2025 3:30PM Enter Date/Time: 03/14/2025 5:39PM Reporting Delay: 2:9:00 Location Name: Children's Pavilion CHRIS Number: 20250021 Date/Time of Discover: 03/21/2025 11:36AM Enter Date/Time: 03/22/2025 3:27PM Reporting Delay: 3:51:00 Location Name: Children's Pavilion CHRIS Number: 20250022 Date/Time of Discover: 03/22/2025 10:15PM Enter Date/Time: 03/24/2025 9:12AM Reporting Delay: 10:57:00 Location Name: Children's Pavilion	PR) 04/29/2025 Circumstances leading to the noncompliance: Starting in mid-January 2025, we had multiple staff transitions that left us with fewer staff members trained and registered to report in CHRIS. With only one team member trained and registered to report to CHRIS following February 13, 2025, having a single point of failure led to delayed reporting and non-compliance. Additionally, the deadline for reporting two of the incidents occurred over a weekend when our designated reporter was ill. Action Plan: Retraining of Staff and Infrastructure Improvement: 1. Prior to the submission of these incidents, we recognized the need to increase the number of team members who were trained to submission incident reports in CHRIS. Five Health System team members completed the Reporting in CHRIS training offered by DBHDS on March 20, 2025 (delayed from the originally	5/8/2025

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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.			scheduled date of March 13, 2025), the earliest available training date following the staff transition experienced by our team. All five team members have received certificates of completion and have registered for reporting within CHRIS. Training of additional staff will decrease the likelihood of late reporting. Date of completion 03/27/25. 2. Creation of an electronic email inbox so that all trained reporters have access to provide continuous oversight of submission of serious incident reports. These trained reporters will rotate monitoring of the inbox and accountability for reporting. Target date for completion 5/6/25. 3. Serious Incident Report form is being revised to include guidelines for form completion and submission to reflect new process for submission to shared electronic email inbox. Upon roll-out, staff will be retrained as the form will prompt staff to submit pertinent information for our reporters to have the information required. Target date for completion 5/6/25. 4. Refresher provided to all inpatient	

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			staff of the importance of reporting serious incidents within 24 hours, provide them with the email address for the Serious Incident Report electronic email inbox, and review the revised Serious Incident Report form. To be completed at our scheduled All Staff meeting scheduled 5/6/25 at 5 pm as well as via email to be sent 5/7/25. Target date for completion 5/7/25. The above actions will be completed by May 8, 2025. <u>Monitoring:</u> 1. Risk Management, Inpatient Nurse Manager, and Professional Development Coordinator will monitor reporting by tracking incidents (concurrently logged on our Incident Tracking Log upon submission of CHRIS reports), reports, and timelines for any incidents and provide additional follow-up as needed. Ongoing through 10/31/2025. <u>Audits:</u> 1. Risk Management, Inpatient Nurse	

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			Manager, and Professional Development Coordinator will review the Incident Tracking Log at the end of each month for the month preceding. If any additional concerns are noted, additional steps will be implemented to immediately address the concerns. Ongoing through 10/31/2025. OLR) Accepted 05/16/2025	

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