

**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: 07-01-2026

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

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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: 20260036 Date/Time of Discover: 06/11/2026 1:12PM Enter Date/Time: 06/16/2026 2:26PM Reporting Delay: 97:14:00 Location Name: Children's Pavilion CHRIS Number: 20260039 Date/Time of Discover: 06/24/2026 10:14PM Enter Date/Time: 06/26/2026 4:42PM Reporting Delay: 18:28:00 Location Name: Children's Pavilion This is a systemic (NS) citation. Based upon the rolling year (July 2, 2025 – June 1, 2026) for (04-005) this is the Third Step in the Progressive Citation Process for violation of 12VAC35-105-160 D.2. • The first citation issued on 7/29/25 is now considered non-compliant. • The second citation issued on 10/2/25 is now considered non-compliant systemic. • Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS - website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submit an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than	PR) 07/21/2026 please see attachments OLR) Partially Accepted 07/24/2026 In addition to the above, the provider response needs to include the following: 1. Please put the CAP response in the Actions To Be Taken section of the CAP Response screen in CONNECT. We cannot accept the cap response with your CAP response uploaded as a document. This functionality is reserved for submitting supporting documentation to your CAP response. Please remove any actual names if indicated in your response. Instead, use only staff by title within your CAP responses. Please ensure there is no PHI the Actions to be taken section. PR) 07/24/2026 Circumstances leading to the noncompliance: 2026-0036: The RN did not complete the Serious Incident Report (SIR), which serves as the mechanism for timely communication that a CHRIS report may be required. The RN reported that she believed the SIR should not be completed until the medical team had determined the cause of the patient's condition. As a result, she was unaware that an emergency department transfer requires completion of the SIR at the time of occurrence, regardless of whether a definitive diagnosis has been	9/30/2026

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Date of Inspection: **07-01-2026**

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.		the due date of 7/23/26 If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the attached attestation form.	established. Although this requirement is outlined on the SIR form, there was a knowledge gap regarding the reporting expectations for ED transfers The reporter became aware of the event on 06/16/2026 through physician communication and VERGE, the organization's electronic event reporting system used to support safety, compliance, and quality management activities. Upon becoming aware of the event, the reporter completed the required reporting actions at that time. 2026-0039: The RN completed the Serious Incident Report (SIR); however, the report did not include documentation of the patient's strangulation gesture/attention-seeking behavior. The Assistant Nurse Manager reported that, based on their assessment, the behavior was not considered a genuine suicide attempt and therefore did not believe it required inclusion on the SIR. This reflects a need for additional education regarding documentation and reporting expectations to ensure all relevant behaviors and circumstances associated with an incident are accurately captured, regardless of perceived intent. As a corrective measure, the SIR form has been revised to specifically include documentation of suicide gestures and attention-seeking behaviors (see attached). The reporter became aware of the event through review of VERGE on 06/26/2026 and completed the required reporting actions at that time. Actions to be Taken:	

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			1. Staff Re-Education and Counseling: Nurses involved in the event will receive re-education regarding Serious Incident Report (SIR) requirements, including criteria for report completion and submission timelines. Expectations for initiating an SIR at the time of an event, regardless of the availability of a confirmed diagnosis, were reviewed. 2. Assistant Nurse Manager Development and Education: To promote consistency across the Inpatient Health Care System and support the transition to the Assistant Nurse Manager role structure, ongoing education will be provided regarding CHRIS reporting requirements and responsibilities. All Assistant Nurse Managers will be designated CHRIS trainers and enrolled in upcoming CHRIS training sessions to ensure standardized knowledge and oversight of the reporting process. 3. Revision of the Serious Incident Report (SIR) Form: The SIR form has been updated to specifically include documentation of suicide attempts, suicide gestures, and related behaviors to improve reporting accuracy and ensure all relevant incident details are captured. See attachment 4. Attestation and Competency Validation: Employees responsible for entering CHRIS reports completed an attestation acknowledging their understanding of reporting requirements and responsibilities. Documentation of completion will be maintained to verify competency and compliance. Target Completion Date: September 30, 2026. Monitoring	

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			1. Timeliness and Compliance Monitoring: Individuals responsible for CHRIS reporting will maintain ongoing oversight of all reportable incidents by monitoring the time of event occurrence against the time of CHRIS entry to ensure compliance with reporting requirements and timelines. Any identified delays or reporting deficiencies will be addressed promptly through re-education, coaching, and remediation as appropriate. 2. Shift-Level Review and Verification: Charge Nurses and Assistant Nurse Managers will review incidents occurring during their shifts to verify that the Serious Incident Report (SIR) has been completed and submitted when required. This review process will help ensure timely initiation of CHRIS reporting and reinforce adherence to reporting expectations. Auditing Risk Management and the Mental Health Quality Manager will conduct weekly audits of the Incident Tracking Log and report findings to the Mental Health Inpatient Director. Audits will focus on compliance with SIR and CHRIS reporting requirements, timeliness of reporting, and identification of trends or opportunities for improvement. Any identified concerns will result in immediate corrective action and additional education as warranted. Monitoring and auditing activities will remain in place through September 30, 2026, to ensure sustained compliance and effectiveness of the corrective actions. OLR) Accepted 07/31/2026	

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General Comments / Recommendations: Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than July 23, 2026. 1. Licensing Report Response 2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents. This document has been uploaded in the CAP Response Screen for your convenience. Please be sure to complete all the training listed on the form.				
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				