

**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: **08-11-2026**

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>
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: 20260051 Date/Time of Discover: 07/25/2026 1:02AM Enter Date/Time: 07/27/2026 4:02PM Reporting Delay: 39:0:00 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 10/2/25 and is now non-compliant.	PR) 09/01/2026 1. Circumstances Leading to the Noncompliance On July 25, 2026, at approximately 0102 hours, a patient physically assaulted an MHC without warning or provocation by striking her multiple times with closed fists to the head. Prior to the assault, the patient had demonstrated escalating verbal and physical aggression throughout the shift, including making threatening statements toward staff. The patient had been admitted for psychosis and manic behavior and was described as grossly disorganized, irrational, and unpredictable. Staff interviews further revealed that the patient had experienced peer provocation during the evening despite repeated redirection attempts. A comprehensive investigation, including review of video footage, staff interviews, and documentation, confirmed that the patient initiated the assault. During the incident, the MHC engaged in actions that were not fully consistent with CPI-approved crisis intervention techniques while attempting to defend herself from the ongoing assault. The investigation found that the staff member's actions occurred in the context of a violent attack, limited opportunity to retreat, concerns for personal safety, and fear of injury. Based on the preponderance of evidence, the allegation of physical abuse was determined to be unsubstantiated, as there was insufficient evidence that the staff member acted with intent to abuse, punish, or retaliate against the patient. The reporting delay occurred because staff who witnessed or became aware of the event did not	9/4/2026

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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.			recognize that the incident met DBHDS reporting criteria. Security personnel observed the event through security camera monitoring but were unaware of DBHDS reporting requirements and did not notify Mental Health leadership or designated CHRIS reporters. Leadership later became aware of discussions regarding the event, conducted a review, identified the incident as reportable, and submitted the report within 24 hours of leadership becoming aware of the event. The root cause was determined to be a lack of awareness among staff and security personnel regarding reportable events and escalation requirements, as well as deficiencies in existing mechanisms for identifying and communicating potentially reportable incidents. 2. Actions Taken Immediate Corrective Actions The incident was reviewed by leadership upon discovery and reported to DBHDS as soon as leadership became aware that the event met reporting criteria. A comprehensive investigation was completed, including video review, staff interviews, and documentation review. The involved MHC received individualized coaching and education regarding CPI-approved interventions, management of aggressive behaviors, situational awareness, staff safety, and appropriate responses to unpredictable patient behavior. Security leadership and staff were educated regarding DBHDS reporting requirements and the expectation to immediately communicate incidents that may meet reporting criteria to Mental Health leadership and designated CHRIS reporters.	

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			System Improvements The Serious Incident Report (SIR) form was revised to include additional examples and categories of incidents requiring notification to designated CHRIS reporters within two hours of occurrence or discovery. The revised SIR form was reviewed and approved by the Forms Committee. Implementation of the revised form was completed on August 24, 2026. Education regarding the revised form, reporting expectations, and DBHDS reportable-event criteria is being provided to all applicable staff and security personnel. Completion of education is expected by September 4, 2026. 3. Monitoring To ensure sustained compliance: Mental Health CHRIS reporters (MH Unit Director, MH Risk Manager and MH Practice Manager) will review all Serious Incident Reports submitted from Children's Pavilion to verify appropriate identification and escalation of potentially reportable DBHDS events. Any identified discrepancies or missed escalation opportunities will be addressed immediately through additional education and corrective feedback. Compliance with the revised SIR process will be monitored through routine supervisory review. Performance Goal: 100% of reportable incidents will be communicated to designated CHRIS reporters within established internal timelines and submitted to DBHDS within required	

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			regulatory timeframes. 4. Auditing MH CHRIS reporters (as listed above) will conduct weekly audits of DBHDS-reportable incidents for six months following implementation of the revised process. Weekly audits will compare incident reports, security reports, patient event documentation, and DBHDS submissions to ensure all reportable events were appropriately identified, escalated, and submitted timely. Any identified reporting deficiencies will result in immediate corrective action, targeted re-education, and follow-up auditing. Expected Completion Date September 4, 2026 (completion of staff and security education) OLR) Accepted 09/16/2026	

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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				