

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

Page: 1 of 5

License #: **493-14-001**

Organization Name: **Timber Ridge School**

Date of Inspection: **12-09-2022**

Program Type/Facility Name: **14-001 Timber Ridge Level C RTC**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-1070. 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	Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: CHRIS Number: 20220143 Date/Time of Discover: 11/18/2022 4:17PM Enter Date/Time: 11/20/2022 1:17PM Reporting Delay: 21:0:00 Location Name: Timber Ridge Level C RTC	PR) 12/14/2022 Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: CHRIS Number: 20220143 Date/Time of Discover: 11/18/2022 4:17PM Enter Date/Time: 11/20/2022 1:17PM Reporting Delay: 21:0:00 Location Name: Timber Ridge Level C RTC 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. The provider reviewed this citation for a late entry. The Administrator on Call had entered a CHRIS report for neglect (AWOL) but did not complete the Serious Incident Report. The staff's immediate supervisor, the Director of Admissions, has reviewed the	1/31/2023

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Page: 2 of 5

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			proper protocol for entering reports for AWOL students. This will be documented in the staff's personnel file. The Director of Residential and Case Management Services and Director of Admissions with support from the CEO will review CHRIS report entry protocols with all staff responsible for entering a CHRIS report. This will be completed by 1/31/23. OLR) Partially Accepted 12/21/2022 In addition to the above, the provider response needs to include the following by the due date: 1. 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. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). 3. Provider is encouraged to use the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website for staff training while waiting for the next DBHDS Training. Attached to the CAP Response you will find a document that contains links to the training and guidance documents for your convenience. PR) 01/02/2023	

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Page: 3 of 5

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			Timber Ridge Level C RTC This regulation was NOT MET as evidenced by: CHRIS Number: 20220143 Date/Time of Discover: 11/18/2022 4:17PM Enter Date/Time: 11/20/2022 1:17PM Reporting Delay: 21:0:00 Location Name: Timber Ridge Level C RTC 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. The provider reviewed this citation for a late entry. The Administrator on Call had entered a CHRIS report for neglect (AWOL) but did not complete the Serious Incident Report. The staff's immediate supervisor, the Director of Admissions, has reviewed the proper protocol for entering reports for AWOL students. This will be documented in the staff's personnel file.	

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Page: 4 of 5

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			The Director of Residential and Case Management Services and Director of Admissions with support from the CEO will review CHRIS report entry protocols with all staff responsible for entering a CHRIS report. This will be completed by 1/31/23. Provider will incorporate CHRIS training and guidance documents on the DBDHS website into the scheduled training. The Director of Residential and Case Management Services and Director of Admissions will review the entries the next day when CHRIS reports are made by staff other than the Director of Residential and Case Management Services and Director of Admissions. This will occur after every entry into the CHRIS system. The incoming Director of Quality Assurance will assume this responsibility once they start and are trained (projected start date January/February 2023). OLR) Accepted 01/04/2023	

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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				