

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

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

Organization Name: **Timber Ridge School**

Date of Inspection: **12-11-2024**

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: 20240078 Date/Time of Discover: 11/22/2024 7:00PM Enter Date/Time: 11/24/2024 6:40PM Reporting Delay: 23:40:00 Location Name: Timber Ridge Level C RTC CHRIS Number: 20240079 Date/Time of Discover: 11/22/2024 6:04PM Enter Date/Time: 11/24/2024 7:02PM Reporting Delay: 24:58:00 Location Name: Timber Ridge Level C RTC	PR) 01/03/2025 - Staff responsible for the late reporting will receive a letter to file addressing the expectation to report SIR and CHRIS reports within the required 24-hour timeframe when scheduled as administrator on call (AOC) during weekends, holidays or Director of QA's absence. - The staff will also receive retraining on CHRIS/SIR reporting. - The staff will also complete (AOC) daily incident checks as to not miss an incident that requires reporting in the CHRIS system. - The staff will also create an AOC training to be presented to the Timber Ridge Interdisciplinary Team by 2/15/25. This will assist with training new AOC's and help ensure all needed areas are addressed. - This staff will meet bi-monthly to address any AOC/ reporting concerns and to ensure that their CHRIS password is current. OLR) Accepted 01/22/2025	2/15/2024

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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				