DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **08-03-2022**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	The Hughes Center This regulation was NOT MET as evidenced by: CHRIS Number: 20220048 Date/Time of Discover: 07/15/2022 7:05PM Enter Date/Time: 07/18/2022 11:50AM Reporting Delay: 40:45:00 Location Name: The Hughes Center CHRIS Number: 20220051 Date/Time of Discover: 07/23/2022 1:07PM Enter Date/Time: 07/25/2022 6:11PM Reporting Delay: 29:4:00 Location Name: The Hughes Center	PR) 08/22/2022 • Director of Risk Management developed internal investigation process to ensure all serious incidents are reviewed and investigated in a timely and through manner. • Chief Operating Officer developed incident tracking log to ensure all patient care issues are identified and tracked for reporting and action. Patient Advocate maintains tracking log and ensures facility follow-up. Tracking log is monitored monthly in Quality Council. • Director of Risk Management will promptly notify Human Rights Advocate and Licensing Specialist when CHRIS does not accept reports/entries. OLR) Accepted 08/23/2022	9/9/2022

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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