DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-14-2023**
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: 20230020 Date/Time of Discover: 10/23/2023 4:44PM Enter Date/Time: 10/25/2023 4:20PM Reporting Delay: 23:36:00 Location Name: The Hughes Center	PR) 12/04/2023 The facility made the following changes to our internal processes to ensure compliance to the regulation: • Re-education on Virginia CHRIS reporting requirements were reviewed with the Risk Management Team. • Training included reporting on both sides of the reporting platform and linking events together as updates are available. • Consulted with licensing specialist for technical assistance in the reporting process. • The initial peer to peer was reported timely however, the outside medical evaluation was not reported until later following reassessment of the patient. The cases were linked in the CHRIS system however this triggered a delay in reporting on the licensing side. The processes have been clarified with staff entering incidents. OLR) Partially Accepted 12/19/2023 In addition to the above, the provider response needs to include the following: 1. Staff by title responsible for monitoring	12/4/2023

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			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). PR) 12/20/2023 The facility has made the following additions to the CAP response: • The Patient Advocate and Director of Risk Management are responsible for timely reporting of incidents into the CHRIS system. The Director of Risk Management provides ongoing oversight of reporting made by the Patient Advocate and reviews/audits incident reporting on a weekly basis. • The Director of Risk Management is responsible for monitoring CHRIS reporting and ensuring reporting of Level II and Level III incidents are done in a timely manner. • Data and trends are reviewed in the monthly Safety Meeting to develop PI projects when trends are identified. • The Director of Risk Management monitors CHRIS reporting data and reports data/trends in the monthly Quality Council meeting. OLR) Accepted 01/11/2024	

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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