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

Date of Inspection: **04-10-2024**
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.	NS	The Hughes Center This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20240003 Date/Time of Discover: 03/20/2024 1:00PM Enter Date/Time: 03/21/2024 4:51PM Reporting Delay: 3:51:00 Location Name: The Hughes Center 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 11/14/24 and is now a non-compliant.	PR) 04/16/2024 The facility made the following changes to our internal processes to ensure compliance to the regulation: • Changed process of reporting into CHRIS system incidents that may lead to medical intervention that have not been confirmed as injury. Once injury or non-injury is confirmed Risk Manager will update CHRIS entry accordingly. • Developed system for Director of Nursing to enhance collaboration with Director of Risk Management in the early identification of potential reportable injuries i.e. physician order for x-ray. • Re-education on Virginia CHRIS reporting requirements were reviewed with the Risk Management Team. OLR) Partially Accepted 04/26/2024 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. 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	4/19/2024

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			responsible for entering the data in CHRIS where possible. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). 4. 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) 05/06/2024 Describe the specific issue that led to the late reporting. • Patient complained of finger pain at 1300 on 03/20/24 from playing a recreational activity prior to 03/20/24. During and following recreational activity patient did not have any complaints of pain or discomfort nor was there an obvious injury. • On 03/20/24 at 1300 upon patient complaint nursing assessed and physician notified who then ordered an x-ray which was completed on 03/20/24. • Results of confirmed injury was received by the facility on 03/20/24 at approximately 2100 following the x-ray. • Director of Risk Management completed CHRIS entry by 03/21/24 at 1651 which was within the timeline of the confirmed	

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			injury. • Given the injury was not confirmed until 2100 on 03/20/24 the facility believed the reporting timeframe began at the time of the confirmed injury (2100) not the time the patient complained of pain. 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. • Director of Risk Manager is responsible for monitoring the CHRIS entry reporting process. The Patient Advocate completes data entry into the CHRIS system as well as the Director of Risk Management. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). • Director of Risk Management monitors the plan to ensure compliance weekly to ensure compliance of all reporting timelines. The Hughes Center has implemented a system in which all incidents are reported to the leadership team on a daily basis. Incident reports are completed by staff directly involved or witness to an event. Any injury is reported and entered into the CHRIS system once notified. The Director of Risk Management and Director of Nursing report information related to patient injuries in the monthly Quality Council to identify trends and	

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			performance improvement opportunities. 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 OLR) Accepted 05/09/2024	

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