DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-15-2025**
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: 20250033 Date/Time of Discover: 09/28/2025 12:30AM Enter Date/Time: 09/29/2025 5:19PM Reporting Delay: 16:49:00 Location Name: The Hughes Center	PR) 11/03/2025 The facility has implemented the following internal processes to ensure compliance to the regulation: • The Director of Nursing or designee will collaborate with the Risk Management Team in the early identification of potential reportable injuries i.e. physician order for x-ray. • Upon notification of injury requiring medical intervention, the Director of Risk Manager or designee will begin a report into CHRIS system within the specified timeframe, 24 hours. • Once injury or non-injury is confirmed, the Director of Risk Manager or designee will update CHRIS entry accordingly. • A tracking log of reportable incidents/injuries to licensing will be kept indicating the following to ensure compliance: ◦ Date and time of incident/injury ◦ Date and time of entry to CHRIS • Re-education on Virginia CHRIS reporting requirements were reviewed with the Risk Management Team. OLR) Partially Accepted 11/19/2025 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	10/26/2025

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			someone other than the person who is responsible for entering the data in checklist). 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, or quarterly. PR) 11/26/2025 The facility has implemented the following internal processes to ensure compliance to the regulation: • The date and time for the incident was mixed up which delayed the entry causing the noncompliance. • The Director of Nursing or designee will collaborate with the Risk Management Team in the early identification of potential reportable injuries i.e. physician order for x-ray. • Upon notification of injury requiring medical intervention, the Director of Risk Manager or designee will begin a report into CHRIS system within the specified timeframe, 24 hours. • Once injury or non-injury is confirmed, the Director of Risk Management or designee will update CHRIS entry accordingly. • A tracking log of reportable incidents/injuries to licensing will be kept indicating the following to ensure compliance: ◦ Date and time of incident/injury ◦ Date and time of entry to CHRIS • The CEO will monitor Level II & Level III Chris entries made by the Director of Risk	

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			Management or designee. ◦ CEO will be notified by the Director of Risk Management or designee when the entry is complete. ◦ The tracking log will be reviewed during monthly audits. • Re-education on Virginia CHRIS reporting requirements were reviewed with the Risk Management Team. OLR) Accepted 12/10/2025	

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