

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

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License #: 780-14-001

Organization Name: Liberty Point Behavioral Healthcare, LLC

Date of Inspection: 09-18-2024

Program Type/Facility Name: 14-001 Liberty Point Academy

<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	Liberty Point Academy This regulation was NOT MET as evidenced by: CHRIS Number: 20240011 Date/Time of Discover: 08/30/2024 9:00PM Enter Date/Time: 09/03/2024 4:18PM Reporting Delay: 67:18:00 Location Name: Liberty Point Academy	PR) 10/08/2024 The backup to the Facility Risk Manager, given the nature of the TDO to Augusta Health, did not realize that this was a reportable incident. Processes have been reviewed so that there is a clear understanding that any incident that results in an admission to an emergency room and subsequently another psychiatric facility, is reportable to DBHDS. This re-education was handled immediately upon the Facility Risk Manager speaking with the facility's licensing specialist. OLR) Partially Accepted 10/17/2024 In addition to the above, the provider response needs to include the following: 1. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 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 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.	9/6/2024

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			Attached to the CAP Response you will find a document that contains links to the training and guidance documents for your convenience. PR) 11/04/2024 1. Have added additional backup supports and started a text thread specific to IMU 2. Jeffrey Breeden, Director of Training and Staff Development 3. Will create a weekly checklist which will include checking the dashboard on CONNECT 4. Some of these materials have been printed and placed into a binder to deal with IMU OLR) Accepted 11/08/2024	

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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				