

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

Page: 1 of 2

License #: **841-14-001**

Organization Name: **Newport News Behavioral Health Center**

Date of Inspection: **03-04-2025**

Program Type/Facility Name: **14-001 Newport News Behavioral Health**

<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	Newport News Behavioral Health This regulation was NOT MET as evidenced by: CHRIS Number: 20250004 Date/Time of Discover: 02/10/2025 3:43PM Enter Date/Time: 02/13/2025 10:34AM Reporting Delay: 42:51:00 Location Name: Newport News Behavioral Health CHRIS Number: 20250005 Date/Time of Discover: 02/10/2025 3:43PM Enter Date/Time: 02/13/2025 10:39AM Reporting Delay: 42:56:00 Location Name: Newport News Behavioral Health	PR) 03/26/2025 The Director of Risk Management educated the Risk Department by reviewing policies and procedures related to compliance with web-based reporting, serious illness or injury, any death of a resident, and all other situations as listed and required in 12VAC35-46-1070 C. 1-6. This education was completed in person. The Director of Risk Management or designee reviews all incident reports to ensure all applicable reports are submitted timely via the web-based reporting application within 24 hours of the event/discovery of the incident. The Director of Risk Management or designee will monitor 100% of incidents to ensure that reporting is completed accurately and timely. This includes serious event reporting. Monitoring will include review of the CHRIS reports, along with incident reports. Serious incidents will be reported daily in flash with the leadership team and appropriate actions taken. Serious incidents report compliance will be reported monthly in the Performance Improvement Committee, monthly in the Medical Staff meeting, and quarterly in the Governing Board meeting. Director of Risk Management or designee will be responsible OLR) Accepted 04/15/2025	3/5/2025

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

Page: 2 of 2

License #: **841-14-001**

Organization Name: **Newport News Behavioral Health Center**

Date of Inspection: **03-04-2025**

Program Type/Facility Name: **14-001 Newport News Behavioral Health**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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				