

**FAIRFAX FALLS-CHURCH COMMUNITY SERVICES BOARD  
COMPLIANCE COMMITTEE MEETING MINUTES  
AUGUST 21, 2024**

The CSB Compliance Committee met in regular session at the Sharon Bulova Center at the 8221 Willow Oaks Corporate Drive, Room 3-314 West, Fairfax, VA 22031.

**1. Meeting Called to Order**

Committee Chair Dan Sherrange called the meeting to order at 4:00 PM.

**2. Roll Call, Audibility, and Preliminary Motions**

**PRESENT:**           **BOARD MEMBERS:** COMMITTEE CHAIR DAN SHERRANGE; BETTINA LAWTON;  
EVAN JONES

**ABSENT:**           **BOARD MEMBERS:** ANDREW SCALISE

**Also present:** Executive Director Daryl Washington; Deputy Director of Clinical Operations Barbara Wadley-Young; Deputy Director of Clinical Operations Abbey May; Division Director of BHOP Eileen Bryceland; Director of Administration & Policy Shweta Adyanthaya; Director of Quality Improvement and Compliance Joan Rodgers and Board Clerk Sameera Awan.

**3. Matters of the Public**

None were presented.

**4. Amendments to the Meeting Agenda**

The meeting agenda was presented for review, and no amendments were made by the consensus of the Committee. The meeting agenda was adopted unanimously.

**5. Approval of Minutes**

August 21, 2024, Compliance Committee minutes were distributed for review.

**MOTION TO ADOPT AUGUST 21, 2024, MEETING MINUTES WAS MOVED BY COMMITTEE MEMBER EVAN JONES, JIM GILLESPIE AND DAN SHERRANGE.**

**6. Follow up Items**

**Director of Quality Improvement and Compliance Joan Rodgers** presented the Audit Action Plan and Corrective Action Plan (CAP) Report, beginning with an overview of the audit findings. Seven internal audits were conducted and completed as part of a quality review, which is part of the preventative, general auditing activity for July 2024. These audits included 47 clinical records across seven different program areas and will close out the 2024 fiscal year. The areas audited in July were support coordination services, assisted community residential services, intensive case management at Gartland, behavioral health outpatient services at the Sharon Bulova Center, assisted community treatment at Gartland, and residential treatment services at Crossroads.

For the corrective action plan report, one corrective action was identified as related to a late series of incidents reported in the behavioral health adult case management area. The Virginia Department of Behavioral Health and Developmental Services (DBHDS) accepted this corrective action plan. Additionally, a peer-to-peer issue was reported from an incident at the Assisted Community Residential Services group home, where a staff member briefly stepped out, leading to a minor conflict between two clients.

The team continues to assist programs in developing their quality improvement plans. Currently, 20 specific improvement plans are in place, covering all licensed services. All 20 plans have been completed and are scheduled for implementation.

**7. Updates**

**A. Comply Track Reports**

- **Director of Quality Improvement Joan Rodgers** provided the CSB Board Audit Report, and the CSB Board CAP Report.

**B. CSB Serious Incident (Level III) Report**

- **Director of Quality Improvement Joan Rodgers** provided the Serious Incident Report (SIR) for July 2024, noting six Level 3 serious incidents, with no related systemic issues identified.

**8. Open Discussion**

No matters were raised.

**9. Adjournment**

A motion to adjourn the meeting was made by Committee Member Evan Jones and seconded by Committee Chair Dan Sherrange. The motion was approved unanimously, and the meeting was adjourned at 4:26 PM.

December 11, 2024

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Date Approved



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Clerk to the Board

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