

FAIRFAX-FALLS CHURCH COMMUNITY SERVICES BOARD COMPLIANCE COMMITTEE MEETING

Dan Sherrange, Chair

Wednesday, April 16, 4:00 PM

Sharon Bulova Center for Community Health
8221 Willow Oaks Corporate Drive, Room 3-314 West
Fairfax, VA 22031

MEETING AGENDA

- | | |
|---|----------------------|
| 1. Meeting Called to Order | Dan Sherrange |
| 2. Roll Call, Audibility and Preliminary Motions | Dan Sherrange |
| 3. Matters of the Public | Dan Sherrange |
| 4. Amendments to the Meeting Agenda | Dan Sherrange |
| 5. Approval of the Minutes | Dan Sherrange |
| 6. Follow Up Items | Dan Sherrange |
| 7. Updates | Joan Rodgers |
| A. Compliance Audit Report | |
| B. Board CAP Report | |
| 8. Open Discussion | Dan Sherrange |
| 9. Adjournment | |

Meeting materials are posted online at [Community Services Board | Community Services Board \(fairfaxcounty.gov\)](#) or may be requested by contacting Shayla Coleman at 703-324-7000 or at CSBBoardClerk@fairfaxcounty.gov.

Audit Report CSB Board for March 2025

Item Custom ID	Audit Start Date	Entity	Audit Scope	Department	Audit Type	Sample Size	CSB Board Reporting	Audit Action Plan	Additional Information
6552	3/6/2025	Behavioral Health Outpatient Services (Gartlan)	CSB Internal Review	Mental Health Outpatient - Adult	Clinical Records	4	Standard Business Risk	Quality Review	Completed: 4/4/2025
6553	3/6/2025	Behavioral Health Outpatient Services (Merrifield)	CSB Internal Review	Mental Health Outpatient - Adult	Clinical Records	4	Standard Business Risk	Quality Review	Completed: 4/4/2025
6554	3/6/2025	Intensive Community Treatment Services (Merrifield)	CSB Internal Review	Intensive Case Management (ICM)	Clinical Records	8	Standard Business Risk	Quality Review	Completed: 4/4/2025
6555	3/6/2025	Supportive Community Residential Services (Merrifield)	CSB Internal Review	Mental Health Supervised Living Program (RIC)	Clinical Records	8	Standard Business Risk	Quality Review	Completed: 4/4/2025
6556	3/6/2025	Intensive Community Treatment Services (Gartlan)	CSB Internal Review	Assertive Community Treatment (ACT) Medium	Clinical Records	8	Standard Business Risk	Quality Review	Completed: 4/4/2025
6557	3/6/2025	Residential Treatment & Detox Services (Chantilly)	CSB Internal Review	ASAM-3.7 - Detox	Clinical Records	8	Standard Business Risk	Quality Review	Completed: 4/4/2025
6542	3/7/2025	Support Coordination (South County Center)	CSB Internal Review	DD Case Management	Clinical Records	6	Standard Business Risk	Quality Review	Completed: 4/3/2025
6551	3/7/2025	Assisted Community Residential Services (Pennino)	CSB Internal Review	ID Group Homes (ACRS)	Clinical Records	6	Standard Business Risk	Quality Review	Completed: 4/4/2025
	3/10/2025	DBHDS Support Coordination and Assisted Community Residential Services annual program review	DBHDS	DD Case Management/ID and ACRS	Staff and clinical records, group homes	Staff records: 6 Clinical records: 6 Group Homes: 1 Supervised Living Program - Springfield & 1 Group Home - Annandale	Standard Business Risk	Licensing	Completed 3/12/2025

FY2025	Total service areas audited in the current month	Total individual audits completed in the current month	Total individual audits completed in FY25
	8 internal 1 external audit of 3 programs	66	644

AUDIT LEGEND	
Item Custom ID	Item Custom ID Numbers will be entered on 12/8/2023, a day after the CSB Board Compliance Committee data is required for submission for the Board package
Audit Start Date	Date the audit was initiated
Entity	Location where the audited service was provided
Audit Scope	The agency conducting the audit and the scope of the audit
Department	Service Area
Audit Type	Description of audit, e.g., record review only, onsite audit
Sample Size	Number of charts reviewed
CSB Board Reporting	Level of business risk associated with audit findings
Audit Action Plan	Description of actions taken in response to the audit

CSB Board CAP Report For March 2025

Item Custom Id	Start Date	Entity	Reviewing Agency	Corrective Action (Narrative)	CAP Status	Additional Information
6230	2/16/2025	Assisted Community Residential Services/ID Group Homes	DBHDS	The Corrective Action Plan was accepted by DBHDS Office of Licensing (OL) for review.	Closed	Improper lift by external skilled nursing staff - no harm
6411	2/21/25	Support Coordination (DD Case Management)	DBHDS	The Corrective Action Plan was accepted by DBHDS Office of Licensing (OL) for review.	Closed	SIR- Late Reporting
6455	3/7/25	Youth and Family Services	DBHDS	The Corrective Action Plan was submitted to DBHDS Office of Licensing (OL) for review.	Pending Review	SIR- Late Reporting
6493	3/17/25	Crisis Stabilization (Wellness Circle)	DBHDS	The Corrective Action Plan was accepted by DBHDS Office of Licensing (OL) for review.	Closed	Elopement (reported to DBHDS 8/8/2024)
6494	3/17/25	Crisis Stabilization (Wellness Circle)	DBHDS	The Corrective Action Plan was accepted by DBHDS Office of Licensing (OL) for review.	Closed	Medication Error (reported to DBHDS 9/9/2024)

CAP LEGEND	
Item	Identification number automatically assigned by Comply Tracker
Audit No.	References the audit number in the Audit Report
Start Date	Date the CSB was notified of the need for a CAP
Entity	Location where the audited service was provided
Reviewing Agency	Agency requesting and reviewing the CAP
CAP Narrative	Description of the reason for the CAP
Date CAP Closed	Date the reviewing agency approved the CAP