DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **04-18-2024**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

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	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: CHRIS Number: 20240018 Date/Time of Discover: 03/13/2024 1:00PM Enter Date/Time: 03/27/2024 11:18PM Reporting Delay: 322:18:00 Location Name: Elk Hill - Spring Garden CHRIS Number: 20240019 Date/Time of Discover: 03/13/2024 4:00PM Enter Date/Time: 03/27/2024 11:29PM Reporting Delay: 319:29:00 Location Name: Elk Hill - Spring Garden CHRIS Number: 20240020 Date/Time of Discover: 03/13/2024 4:30PM Enter Date/Time: 03/27/2024 11:36PM Reporting Delay: 319:6:00 Location Name: Elk Hill - Spring Garden CHRIS Number: 20240021 Date/Time of Discover: 03/15/2024 12:00PM Enter Date/Time: 03/28/2024 8:36PM Reporting Delay: 296:36:00 Location Name: Elk Hill - Spring Garden CHRIS Number: 20240022 Date/Time of Discover: 03/13/2024 1:00PM Enter Date/Time: 03/28/2024 11:00PM Reporting Delay: 346:0:00 Location Name: Elk Hill - Spring Garden CHRIS Number: 20240023 Date/Time of Discover: 03/13/2024 1:00PM Enter Date/Time: 03/28/2024 11:40PM Reporting Delay: 346:40:00 Location Name: Elk Hill - Spring Garden	PR) 05/06/2024 PR: Program Director will institute a Serious Incident Report tracking spreadsheet to include categories for monitoring and documenting timely entry of incidents into the CHRIS system. This will be reviewed and updated after every Incident Report. Residential Director will oversee the process and review in monthly supervision. OLR) Partially Accepted 05/21/2024 In addition to the above, the provider response needs to include the following: 1. Provide a statement of the issue that led to non-compliance. PR) 05/31/2024 PR: Program Director acknowledged that she was unaware that these incidents needed to be reported into the CHRIS system. Program Director received guidance and counsel from Spring Garden DBHDS Advocate on how to properly report certain issues. OLR) Accepted 06/05/2024 Provider is encouraged to review Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your convenience.	5/31/2024

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General Comments / Recommendations:
Provider is encouraged to review Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your convenience.

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