DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-25-2024**
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: 20240079 Date/Time of Discover: 11/09/2024 7:40PM Enter Date/Time: 11/11/2024 8:59AM Reporting Delay: 13:19:00 Location Name: Elk Hill - Spring Garden	PR) 12/10/2024 PR: Program Director will ensure that she is meeting the 24-hour deadline for all CHRIS entries. Once the Program Director receives notification that a CHRIS Report needs to be entered, the Program Director will document the incident in a form and enter the incident in CHRIS within 24-hour. The Residential Director will oversee this process. OLR) Partially Accepted 12/19/2024 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 01/03/2025 PR: The Program Director will check her incident report form daily to ensure that all CHRIS Report are entered on time. Residential Director will meet with Program Director monthly to go over the form to ensure all reports are entered on time. OLR) Accepted 01/16/2025	12/10/2024

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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