DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-011**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **07-02-2025**
Program Type/Facility Name: **14-011 Duncan Cottage**

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.	NS	Duncan Cottage This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20250054 Date/Time of Discover: 06/08/2025 11:30AM Enter Date/Time: 06/09/2025 4:36PM Reporting Delay: 5:6:00 Location Name: Duncan Cottage Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 12/19/24 and is now non-compliant.	PR) 07/03/2025 PR: After investigating the CAP for CHRIS Report #20250054 Elk Hill dispute this violation due. The discovery of the incident was on 5/31/25, at 12:45pm. CHRIS was entered on 6/1/25 9:00am. The investigators final report was finalized on 6/2/25 at 9:23 am. Ms. Henderson reached out to Elk Hill asking for additional information on the youth involved. The information was sent to her on 6/6/25 at 10:02am. The Residential Director oversaw this process. OLR) Not Accepted 07/11/2025 Please review the incident again as it was entered on the Office of Licensing Side as follows and answer the following questions for acceptance consideration.: CHRIS Number: 20250054 Date/Time of Discover: 06/08/2025 11:30AM Enter Date/Time: 06/09/2025 4:36PM Reporting Delay: 5:6:00 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. 3. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe.	7/24/2025

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			4. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 5. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). 6. Staff by title who has the primary responsibility to enter incidents into CHRIS. PR) 07/24/2025 PR: The Case Manager failed to complete the CHRIS report within 24 hours of the incident. Program Director met with the Case Manager during supervision to discuss the importance of getting all report on time. Residential Director had a meeting with the Program Directors and Case Managers to emphasis getting all report done within 24 of the incident. An internal CHRIS Training will be completed with the Case Manager by 8/1/2025. Residential Director will oversee the process. OLR) Partially Accepted 08/01/2025 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency the Residential Manager will monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).	

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			PR) 08/14/2025 PR: The incident occurred in Massie Cottage and not Duncan Cottage. The Case Manager failed to enter the CHRIS entry within 24 hours of the incident. The Program Director met with the Case Manager in supervision on 6/23/2025. The Case Manager will be sure to submit all CHRIS entries on time. The Case Manager will take the computer home when he is on-call to ensure the CHRIS reports are entered on time. The Residential Director will oversee this process. OLR) Partially Accepted 09/03/2025 In addition to the above, the provider response needs to include the following: 1. Please provider any documentation supporting a change of location. Be sure to include the correct location. 2. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 09/10/2025 PR: The Case Manager will take the laptop home to ensure that all CHRIS Reports are completed within 24 hours. He is responsible for	

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			entering these reports every 4 to 6 weeks when he is on call and will notify the Program Director via email each time he takes the Elk Hill laptop home on those weekend. It is important to note that the incident occurred in Massie Cottage, not Duncan Cottage. For further details, please refer to the supporting document provided by the Human Resource Department. Additionally, the Residential Director will oversee the Case Manager's compliance with this procedure through email communication. OLR) Accepted 09/12/2025	

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