DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-012**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **08-31-2023**
Program Type/Facility Name: **14-012 Massie 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.	N	Massie Cottage This regulation was NOT MET as evidenced by: CHRIS Number: 20230062 Date/Time of Discover: 08/14/2023 9:00AM Enter Date/Time: 08/15/2023 1:35PM Reporting Delay: 4:35:00 Location Name: Massie Cottage	PR) 09/13/2023 PR: Program Director completed the CHRIS report on 8/14/2023 at 3:45pm. However, while completing the CHRIS report the Program Director typed in the wrong date. The Program Director will look over the CHRIS report and double check the work before submitting the final report. Residential Director will address this in monthly supervision with and oversee the process. OLR) Partially Accepted 09/14/2023 If you have documentation supporting the above statements, please upload all the documentation you wish for us to consider towards a dismissal. Otherwise, please respond saying "No Documentation to Submit" and the previous cap response can be accepted. PR) 09/26/2023 PR: Unfortunately, Program Director is unable to provide proof that the time was entered on the right date. OLR) Accepted 09/26/2023	9/13/2023

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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