DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-04-2024**
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.	NS	Massie Cottage This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20240034 Date/Time of Discover: 05/17/2024 10:00AM Enter Date/Time: 05/18/2024 4:30PM Reporting Delay: 6:30:00 Location Name: Massie 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 8/31/23 and is now a non-compliant.	PR) 06/24/2024 PR: Program Director failed to report a CHRIS entry within a 24-hour period. Program director reported the incident 6 hour and 30 minutes after the due time. In doing so this has a created a systemic issue. Program Director received a Performance Improvement Plan on how to correct this problem. The Program Director will set an alarm on his cell phone 20 hours from the time he was notified of the incident as reminder that the CHRIS report has to be completed. The Residential Director will oversee the process. OLR) Partially Accepted 07/03/2024 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) by the Residential Director. PR) 07/17/2024 PR: Program Director will continue to set his alarm 20 hours from the time of the incident. Residential Director will send follow-up email and phone conversations on a daily basis as CHRIS Reports need to be entered. This will occur over the next 3 months. Residential Director will ensure that the CHRIS Reports are entered ontime. OLR) Accepted 07/19/2024	6/24/2024

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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