DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1217-14-015**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **11-04-2024**
Program Type/Facility Name: **14-015 Fair Meadows**

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 Group Home Cville This regulation was NOT MET as evidenced by: CHRIS Number: 20240063 Date/Time of Discover: 09/19/2024 9:00AM Enter Date/Time: 09/20/2024 2:41PM Reporting Delay: 5:41:00 Location Name: Elk Hill Group Home Cville	PR) 11/04/2024 10/30/2024 PR: The Program Director and Residential Director went over the CHRIS Report #20240063. The incident took place at Elk Hill Charlottesville Group Home and not Massie Cottage. Also, the incident took place on 8/11/2024 and not 9/20/2024. However, when doing the review of CHRIS Report #20240063 the Residential Director noticed that the investigation was not completed. The Program Director had a medical emergency and did notify the Resident Director of that the investigation needed to be completed. The investigation was completed on 10/3/2024. Moving forward the Residential Director will notify the Program Director of all investigation that needs to be completed before she is out on leave. Elk Hill feels that this is not a systemic violation since the incident occurred at Elk Hill Charlottesville and not Massie Cottage. Residential Director will oversee this process. OLR) Partially Accepted 11/04/2024 The cap has been re-issued under the correct service. The incident is open in CHRIS for updates. Please review the incident in CHRIS to make sure the incident date/time, discovery date/time, and service are accurate. If you find any errors, please update them in CHRIS and indicate the changes in the cap response. In addition to the above, the provider response needs to include the following:	11/21/2024

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			1. 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. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 11/21/2024 1. PR: The Residential Director will oversee this process to ensure that the Program Director completes all CHRIS Report and the investigation on time. 2. PR: The Residential Director will meet with the Program Director during monthly supervision to review CHRIS Report tracking form. This will occur once a month. OLR) Accepted 12/03/2024	

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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