DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-16-2025**
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.	NS	Elk Hill Group Home Cville This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20240092 Date/Time of Discover: 12/17/2024 5:00PM Enter Date/Time: 12/27/2024 7:25AM Reporting Delay: 206:25:00 Location Name: Elk Hill Group Home Cville 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 11/4/24 and is now non-compliant.	PR) 02/06/2025 PR: The Program Director reported the incident to the Human Rights division in CHRIS. The Director initially believed that the incident did not require reporting to the Licensing division of CHRIS, as it involved peer-on-peer aggression. However, after consulting with the Human Rights Advocate on December 27, 2024, it was clarified that the incident must be reported to both divisions due to the individual being hospitalized. Upon receiving the guidance, the Director promptly submitted the required report. To ensure compliance with CHRIS reporting protocols the Director completed a refresher CHRIS entry training on January 28, 2025. Additionally, the Director has enrolled in the "Reporting in CHRIS" course through DBHDS, scheduled March 13, 2025. OLR) Partially Accepted 02/20/2025 In addition to the above, the provider response needs to include the following: 1. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 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	2/6/2025

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			chart reviews, quarterly checklist). PR) 03/04/2025 PR: Elk Hill Mountain View has implemented comprehensive safeguards to ensure all Level II and Level III incidents are entered into CHRIS within the required timeframe. Clear reporting protocols are in place, with all staff receiving thorough training on incident classification and reporting procedures. Program Director is responsible for CHRIS data entry, with Case Manager ensuring continuity. Residential Program Director will monitor reporting to ensure timely entry. Accountability measures, including performance evaluations and corrective actions, reinforce compliance, while continuous training and policy updates keep staff informed and proficient in reporting procedures. Additionally, the CHRIS report entry spreadsheet will be reviewed quarterly to verify compliance and accuracy. These safeguards collectively ensure that all incidents are documented promptly and in accordance with regulatory requirements, promoting both compliance and the well-being of those we serve. OLR) Accepted 03/13/2025	

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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