DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-29-2026**
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	Fair Meadows This regulation was NOT MET as evidenced by: CHRIS Number: 20260020 Date/Time of Discover: 04/10/2026 10:30PM Enter Date/Time: 04/12/2026 6:47AM Reporting Delay: 8:17:00 Location Name: Fair Meadows	PR) 05/18/2026 PR: Case Manager entered the CHRIS Report late. The incident began on April 10th, 2026 and CHRIS Report was completed on April 12th, 2026. The Program Director will retrain the Case Manager on CHRIS Reporting and stress the timeliness of reporting. Case Manager will be trained by May 31st, 2026. Residential Director will oversee this process. OLR) Partially Accepted 06/05/2026 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. 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 checklist). 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, or quarterly. PR) 06/23/2026 PR: The incident occurred on April 10, 2026, and the CHRIS Report was not entered until April 12, 2026. The delay resulted from the Case Manager's misunderstanding regarding responsibility for entering the report following the incident and a failure to verify that the report had	5/18/2026

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

Date of Inspection: **04-29-2026**
Program Type/Facility Name: **14-015 Fair Meadows**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			been submitted within the required reporting timeframe. To address this issue, the Program Director provided retraining to the Case Manager on CHRIS reporting requirements, including the timelines for reporting Level II and Level III incidents, staff responsibilities, and procedures for ensuring timely submission. Training was completed by May 31, 2026. To prevent future occurrences, all Level II and Level III incidents will be tracked on a CHRIS Reporting Log. The Residential Director, who is not responsible for entering incidents into CHRIS, will monitor the log and conduct weekly reviews to ensure incidents are reported timely and accurately. Monthly audits will also be completed by the Residential Director to ensure ongoing compliance with CHRIS reporting requirements. OLR) Accepted 07/01/2026	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-29-2026**
Program Type/Facility Name: **14-015 Fair Meadows**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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