DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **12788-14-008**
Organization Name: **Beloved Safehaven**

Date of Inspection: **05-14-2026**
Program Type/Facility Name: **14-008 Beloved safe haven**

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	Beloved safe haven This regulation was NOT MET as evidenced by: CHRIS Number: 20260006 Date/Time of Discover: 04/24/2026 11:11AM Enter Date/Time: 04/28/2026 8:37AM Reporting Delay: 69:26:00 Location Name: Beloved safe haven CHRIS Number: 20260011 Date/Time of Discover: 04/24/2026 11:11AM Enter Date/Time: 05/15/2026 11:06AM Reporting Delay: 479:55:00 Location Name: Beloved safe haven CHRIS Number: 20260012 Date/Time of Discover: 04/24/2026 11:11AM Enter Date/Time: 05/15/2026 11:13AM Reporting Delay: 480:2:00 Location Name: Beloved safe haven	PR) 05/28/2026 The late submission occurred due to insufficient communication and unclear delineation of reporting responsibilities among program staff. To prevent recurrence and ensure full compliance with incident-reporting requirements, the following corrective actions will be implemented: **Weekly CHRIS Review**: The Program Director will conduct a weekly review of all CHRIS submissions to verify timeliness, accuracy, and completion of required documentation. **24-Hour Incident Verification**: The Risk Manager will confirm that all incidents are logged and reported within the required 24-hour timeframe. Any discrepancies will be addressed immediately. **Monthly QA Audit**: The Risk Manager will complete a monthly audit of the incident-reporting log to identify trends, ensure compliance, and verify that all incidents have been submitted appropriately. **Immediate Review for Late Reports**: Any late or incomplete report will trigger an immediate review, including corrective coaching with the responsible staff member to reinforce expectations and prevent future delays. OLR) Accepted 06/17/2026	5/28/2026

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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