DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1341-14-008**
Organization Name: **RISE UP, LLC**

Date of Inspection: **11-13-2025**
Program Type/Facility Name: **14-008 RISE UP, LLC**

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	RISE UP, LLC This regulation was NOT MET as evidenced by: CHRIS Number: 20250002 Date/Time of Discover: 10/18/2025 5:30PM Enter Date/Time: 10/27/2025 4:47PM Reporting Delay: 191:17:00 Location Name: RISE UP, LLC	PR) 12/09/2025 Upon identification that the regulation was NOT MET, the agency initiated an internal review to determine the cause of the reporting delay and to ensure corrective measures were implemented promptly. The incident associated with CHRIS Number 20250002, discovered on 10/18/2025 at 5:30PM, was not entered into the CHRIS system until 10/27/2025 at 4:47PM, resulting in a reporting delay of 191 hours and 17 minutes. Director reviewed data-entry procedures, reinforced staff responsibilities for timely reporting, and provided immediate retraining on required regulatory timelines. Additionally, CAO implemented enhanced oversight to prevent future delays, including same-day verification of any reportable events occurring at RISE UP, LLC. The agency will continue to monitor compliance to ensure full adherence to reporting standards. OLR) Partially Accepted 12/19/2025 In addition to the above, the provider response needs to include the following: 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 checklist). 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, or quarterly.	12/9/2025

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			PR) 01/13/2026 To ensure ongoing compliance, the CAO has been designated as the staff member responsible for monitoring the timely entry of all Level II and Level III incidents into the CHRIS system. This role is independent of the staff responsible for entering incidents and serves as a secondary oversight measure. Monitoring will be conducted through daily CHRIS verification checks, during which the CAO will review incident logs, staff shift reports, and internal notifications to confirm that all reportable events have been entered within required timelines per incident. In addition, the CAO will conduct monthly audits to ensure access is not limited to entry site. OLR) Accepted 01/25/2026	

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