DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1341-14-009**
Organization Name: **RISE UP, LLC**

Date of Inspection: **08-09-2023**
Program Type/Facility Name: **14-009 Arch Hill Drive Location**

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	Arch Hill Drive Location This regulation was NOT MET as evidenced by: CHRIS Number: 20230007 Date/Time of Discover: 07/22/2023 10:30PM Enter Date/Time: 07/24/2023 12:43PM Reporting Delay: 14:13:00 Location Name: Arch Hill Drive Location	PR) 08/23/2023 CAO will ensure the program director will enter the data in CHRIS in timely manner, this will be monitoring quarterly with review of risk management. Program director or designee 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. The program director entered the wrong password into the portal leading to being lock out the system in effort to report in a timely manner. The director and CAO will manage passwords to support entering CHRIS reporting in on time. In the event we are lock out we will send update to incident_management@dbhds.virginia.gov, licensing specialist and deltaprod@dbhds.virginia.gov. OLR) Partially Accepted 09/13/2023 In addition to the above, the provider response needs to include the following: 1. Staff by title who serve in the Delta roles- Administrator, Security Officer and Supervisor. 2. Date(s) Security Officer, who has the ability to reset passwords for the organization, completed training on how to	10/3/2023

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			reset passwords. Training included in uploaded OL Guidance & Training links document for your convenience. 3. Provider is reminded that user passwords will expire if inactive for over 90 days. To keep passwords active, all users must log in at least once every 89 days. 4. Provider is reminded that if they are locked out to send an email to deltaprod@dbhds.virginia.gov for account resets. You may include IMU and your licensing specialist. 5. Provider is reminded that if they encounter issues entering incidents in CHRIS an email should be sent to incident_management@dbhds.virginia.gov) within 24 hours of discovery of the incident. The email should include a description of the issue and with a screen shot showing the issue. PR) 10/03/2023 In addition, CAO will serve as staff by title in the Delta role administrator, who has the ability to reset passwords for the organization, completed training on how to reset passwords. Training included in uploaded OL Guidance & Training links document for your convenience. CAO is reminded that user passwords will expire if inactive for over 90 days. To keep passwords active, all users must log in at least once every 89 days, if they encounter issues entering incidents in CHRIS an email should be sent to incident_management@dbhds.virginia.gov) within 24 hours of discovery of the incident. OLR) Accepted 10/03/2023	

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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