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

Date of Inspection: **09-24-2024**
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: 20240003 Date/Time of Discover: 09/08/2024 12:30AM Enter Date/Time: 09/09/2024 11:25AM Reporting Delay: 10:55:00 Location Name: Arch Hill Drive Location	PR) 10/09/2024 I have included the emailed notification of the incident. In the email, I wrote the wrong date, which I reported correctly in CHRIS. OLR) Partially Accepted 10/22/2024 If you would like to dispute the citation, please indicate the correct Discovery Date and Time and upload any documentation supporting a change from the current Discovery Date indicated on the CHRIS report for us to review as part of the dispute. Please note there was no supporting documentation included with the original response. PR) 10/30/2024 Good Morning : The discovery ate was :09/08/2024 time:12:30am Please indicate if the email and report was recieved. Respectfully, OLR) Not Accepted 11/01/2024 Based on the information provided, the discovery date and time stated within the cap response is the same as the incident in CHRIS. In the email, I see that you all were locked out of CHRIS. While being locked out of CHRIS is not a valid excuse for a late report, there are a few	10/9/2024

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			ways to minimize this issue keeping your team from entering a report in CHRIS. Please see the excerpts from our Serious Incident Reporting Guidance below. I have attached the documents for convenience as well. Memo- Guidance on Incident Reporting Requirements (August 2020) There may be unusual circumstances when a provider is unable to report an incident through the CHRIS system because of a CHRIS system error or a network outage. The ONLY valid reasons for not reporting a serious incident into CHRIS include: 1) The CHRIS system was not functioning at the time the incident was discovered; or 2) The provider was unable to access the CHRIS system for reasons that were not in the provider's control. If a provider is unable to report a serious incident through the CHRIS system for one of these valid reasons, then the provider must notify the Office of Licensing's Incident Management Unit (IMU) via e-mail (incident_management@dbhds.virginia.gov) of the provider's inability to report the incident through the CHRIS system within 24 hours of the discovery of the incident. Memo-CHRIS Updates (October 2019) Beginning on October 7, 2019, the IMU will begin issuing Corrective Action Plans (CAPs) statewide for all five regions for all incidents not reported within the required 24-hour timeframe. We are anticipating the impact of this change within the OL will be minimal as many providers work diligently to comply with the regulations. In preparation for this upcoming date, I would like to	

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			remind you of the following requirements: • All incident reports must be submitted within 24 hours from when the incident was discovered. • All providers are required to have a back-up person to enter incidents into CHRIS. When one individual is locked out of CHRIS the back-up individual will be able to submit the incident within the 24 hour time frame. • All providers must notify the OL IMU at incident_management@dbhds.virginia.gov, instead of their licensing specialist, when they are unable to enter an incident into CHRIS because the system is down. Additionally, • 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. • Provider is encouraged to review incidents after submitting to ensure information is correct. If any information is not correct and providers select that they will update the report within the initial CHRIS Report, they will have an additional 2 business days from entry date to update with any findings or other details not available on entry date. 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.	

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			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 chart reviews, quarterly checklist). 4. Staff by title who has the primary responsibility to enter incidents into CHRIS. 5. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. 6. Date backups were/will be trained/reeducated on entering information into CHRIS including deadlines. 7. Staff by title who serve in the Delta roles- Administrator, Security Officer and Supervisor. 8. Date(s) Security Officer, who has the ability to reset passwords for the organization, completed training on how to reset passwords. Training video link is included in the OL Guidance & Training Links document uploaded for your convenience. 9. Provider is encouraged to review Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your	

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			convenience. PR) 11/19/2024 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. 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	

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			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 11/19/2024	

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