DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **17889-14-008**
Organization Name: **Safe Haven Care Group Inc**

Date of Inspection: **05-20-2026**
Program Type/Facility Name: **14-008 Safe Haven Care Group,Inc**

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	Safe Haven Care Group,Inc This regulation was NOT MET as evidenced by: CHRIS Number: 20260002 Date/Time of Discover: 04/24/2026 6:00PM Enter Date/Time: 05/05/2026 9:31PM Reporting Delay: 243:31:00 Location Name: Safe Haven Care Group,Inc	PR) 05/20/2026 Standard Cited: 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. 1. Statement of the Issue / How the Deficient Practice Occurred Safe Haven Care Group identified that a reportable Level III incident (CHRIS #20260002) involving a resident was not successfully reflected in the CHRIS application within the required 24-hour reporting timeframe following the incident on 04/24/2026. During the reporting period, the designated reporting staff experienced technical difficulties involving CHRIS login credentials and submission access, which interfered with successful completion of the report in the system. Multiple attempts were made to submit the incident report, and the provider reasonably believed the report had processed successfully. In an effort to remain compliant with reporting expectations, the provider initiated communications with the DBHDS Incident Management Unit on 04/25/2026, advising of login/access issues and providing incident information while actively attempting to resolve the submission barrier. The provider additionally sought technical assistance through the DBHDS/DELTA Help Desk (Incident INC3855971) to address credential and access concerns.	5/20/2026

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			Safe Haven Care Group was later informed that the report had not successfully processed within the CHRIS application. Upon notification, the provider immediately corrected the issue and ensured submission of the report. While technical barriers contributed to the delay, Safe Haven Care Group acknowledges responsibility for verifying successful report submission and recognizes the importance of confirming that all required reports are fully processed within mandated regulatory timelines. 2. Corrective Action for This Specific Violation Safe Haven Care Group immediately reviewed the reporting requirements under 12VAC35-46-1070.C with supervisory and administrative staff responsible for incident oversight. The provider has implemented a requirement that all CHRIS submissions be verified for successful completion prior to closure of the reporting task. This event served as a learning opportunity to strengthen internal risk management and reporting protocols. Following identification of the reporting issue, the Program Owner and Clinical Director conferred extensively regarding the circumstances contributing to the delay and methods to strengthen reporting safeguards moving forward. The matter was subsequently addressed with staff during a weekly team meeting, during which reportable incident timelines, CHRIS submission expectations, escalation procedures for technical barriers, and mandatory reporting protocols were reviewed and reinforced. Any technical barriers involving system access, credential issues, or failed submissions must be escalated immediately to supervisory leadership,	

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			DBHDS Incident Management, and/or DBHDS technical support on the same day. Additionally, backup authorized personnel will maintain active CHRIS access to ensure reportable incidents can be submitted timely if one designated user experiences technical difficulties. 3. Systemic Changes / Plan of Action to Ensure Ongoing Compliance To prevent recurrence and maintain regulatory compliance, Safe Haven Care Group will implement the following procedural improvements: Implementation of a CHRIS Submission Verification Protocolrequiring confirmation that all reports are fully processed and visible within the CHRIS system following submission prior to closure of the reporting task. Creation of an Incident Reporting Tracking Log documenting incident date/time, submission attempts, confirmation of submission, technical barriers encountered, and required notifications. Designation of backup authorized CHRIS users to ensure continuity of reporting during technical or credential-related disruptions. Same-day escalation procedures for unresolved CHRIS technical concerns to DBHDS technical support and Incident Management. Reinforcement of risk management expectations, mandatory reporting timelines, and incident reporting procedures during weekly team meetings and ongoing staff supervision. Monthly review of DBHDS mandatory reporting requirements and CHRIS reporting expectations through quality assurance and supervisory oversight. 4. Monitoring Procedures / Staff Responsible /	

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			Frequency / Completion Date Staff Responsible for Monitoring: Program Owner/Administrator, Clinical Director, and Program Director Method of Monitoring: Weekly review of reportable incidents and CHRIS submission confirmations. Monthly quality assurance audits of incident reporting compliance and reporting timeliness. Quarterly verification of credential access and system functionality for designated CHRIS reporting personnel. Ongoing supervisory review of serious incident reporting procedures during staff meetings and supervision. Frequency: Weekly for 90 days, followed by monthly monitoring thereafter through the agency quality assurance process. Implementation & Integration Timeline: Safe Haven Care Group will utilize a 90-day implementation and integration period to fully operationalize and reinforce the revised incident reporting and risk management procedures outlined above. During this period, leadership will actively monitor compliance, provide staff reinforcement and retraining as needed, review barriers to implementation, and ensure new reporting safeguards are consistently integrated into practice. Initial Corrective Actions Implemented By: June 10, 2026 Full Integration and Monitoring Period	

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			Completion: September 10, 2026 OLR) Accepted 06/08/2026	

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