DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1906-14-008**
Organization Name: **The Patches Group, LLC**

Date of Inspection: **02-01-2022**
Program Type/Facility Name: **14-008 Grant Avenue**

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	Brighter Days-Grant This regulation was NOT MET as evidenced by: CHRIS Number: 20220004 Date/Time of Discover: 12/19/2021 10:00AM Enter Date/Time: 01/25/2022 10:14AM Reporting Delay: 864:14:00 Location Name: Brighter Days-Grant	PR) 02/23/2022 Provider did not meet the 24-hour timeframe to report serious injury into the CHRIS system after discovery of injury on 12/19/2021. Provider will ensure that daily audits are completed by Child Care Staff using the attached *Staff Checklist*. Incident reporting will be added to *Staff Checklist* and Quality Assurance Mana*ger* or the Executive Director will review daily. Provider will delegate CHRIS access to the Quality Assurance Manager to input incident reports. The provider will participate in weekly staffings with Quality Assurance Manager and Executive Director to review incident reporting and risk management. OLR) Accepted 02/23/2022	2/28/2022

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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