DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1906-14-009**
Organization Name: **The Patches Group, LLC**

Date of Inspection: **01-22-2026**
Program Type/Facility Name: **14-009 Garfield**

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	Garfield This regulation was NOT MET as evidenced by: CHRIS Number: 20260002 Date/Time of Discover: 01/03/2026 10:30PM Enter Date/Time: 01/05/2026 1:06PM Reporting Delay: 14:36:00 Location Name: Garfield	PR) 02/10/2026 Provider The Patches Group (TPG) did not report the AWOL incident #20260002 that occurred on 1/3/2025 into the CHRIS system within the required 24-hour timeframe. This was an oversight on the part of the provider as a report was made in the DBHDS CONNECT portal on 1/3/2025, however the provider entered the incident on the Office of Human Rights (OHR) side on 1/3/2025 and not the Department of Behavioral Health and Developmental Services (DBHDS) side for serious incidents. The provider erred in the reporting process by reporting the incident in the CONNECT portal, and not into the CHRIS system, which includes all pertinent information required by 12VAC35-46 -1070 C. Sending a message in CONNECT portal alone, is not adequate to meet this requirement. To rectify this issue, when the Executive Director makes the notification into the CHRIS system, a TPG Quality Assurance Manager will review the Director's entry for accuracy and ensure timeframes are met. Likewise, if the Quality Assurance Manager inputs notification into the CHRIS system, then the Executive Director will review the Quality Assurance Manager's entry for accuracy and to ensure timeframes are met accordingly. This practice will include the provider participating in CHRIS reporting training annually. Quality Assurance Manager and Executive Director will be responsible for ensuring that the provider participates in annual CHRIS reporting training provided by DBHDS OHR.	2/10/2026

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			OLR) Accepted 02/12/2026	

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