DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **2657-14-008**
Organization Name: **All Around Achievers, LLC**

Date of Inspection: **06-11-2024**
Program Type/Facility Name: **14-008 Fox Drive**

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	Fox Drive This regulation was NOT MET as evidenced by: CHRIS Number: 20240002 Date/Time of Discover: 05/21/2024 7:45PM Enter Date/Time: 05/24/2024 12:25PM Reporting Delay: 40:40:00 Location Name: Fox Drive	PR) 06/30/2024 The Provider followed this and submitted according to regulation and the generalized training provided. The report was entered into CHRIS at 7:30PM as shown on the attached screenshot. We (the provider) was called and notified that we did not click a button so that It could be pushed through to OHR even though It was submitted and in the system. The provider was walked through the process with OHR member on the phone. The claim was then seen by OHR. OLR) Partially Accepted 07/11/2024 In addition to the above, the provider response needs to include the following: 1. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 2. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily 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.	7/1/2024

License #: **2657-14-008**
Organization Name: **All Around Achievers, LLC**

Date of Inspection: **06-11-2024**
Program Type/Facility Name: **14-008 Fox Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 07/24/2024 1. The prover was in compliance with this. It was submitted into CHRIS within the 24 hour window as shown by the screenshot previously submitted. We will continue to follow this protocol and submit within 24 hour window for all serious illness or injury, any death of a resident, and all other situations as required by the department. 2. The director of operations will monitor the process to ensure the provider stays in compliance 3. This will be monitored on a each case that requires a submission. (this has to be done case by case because It must be submitted within 24 hours of incident) 4. Director of operation is responsible for entering incidents 5. Executive Director is the backup for entering into CHRIS I Have attached the certificate to show completion of the CHRIS reporting by the Operations Director. The incident was entered in a timely manner as shown in the previous screenshot submitted. The Office did not obtain It due to something not being marked and the OHR rep called and walked the operations director through the issue. OLR) Accepted 07/24/2024 Based on the review of the documentation, it appears the incident was entered in the OHR side of CHRIS on time. However, at	

License #: **2657-14-008**
Organization Name: **All Around Achievers, LLC**

Date of Inspection: **06-11-2024**
Program Type/Facility Name: **14-008 Fox Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			the time of the OHR report this incident also met the requirements for reporting to the OL and should have been entered on the OL side of CHRIS. Please see an excerpt of the August 2020 Guidance below and the entire document will be uploaded to the CAP for your convenience. Guidance on Incident Reporting Requirements (August 2020) Please note that these methods of reporting an incident in place of submitting an incident report into the CHRIS system will be deemed as non-compliant and the provider will be cited: Reporting a serious incident to the provider's licensing specialist via e-mail or phone call; Reporting a serious incident to the provider's human rights advocate via e-mail or phone call; Reporting the incident to any other representative of DBHDS by any means other than the serious incident reporting function in CHRIS; and Reporting an allegation of abuse or neglect that also meets the criteria for a Level II or Level III serious incident only on the DBHDS Office of Human Rights (OHR) side of CHRIS instead of reporting the incident on both the OHR and the DBHDS Office of Licensing sides of CHRIS. We are unable to excuse incidents entered in the OHR side on time and not on the OL side if it meets OL reporting guidelines. Therefore, the incident is considered late as it was not entered timely to the Office of Licensing.	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **2657-14-008**
Organization Name: **All Around Achievers, LLC**

Date of Inspection: **06-11-2024**
Program Type/Facility Name: **14-008 Fox Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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