License #: **3466-14-008**
Organization Name: **Optimum Youth Services LLC**

Date of Inspection: **04-21-2023**
Program Type/Facility Name: **14-008 Gabrielle's House**

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	Gabrielle's House This regulation was NOT MET as evidenced by: CHRIS Number: 20230006 Date/Time of Discover: 04/05/2023 2:30PM Enter Date/Time: 04/06/2023 3:37PM Reporting Delay: 1:7:00 Location Name: Gabrielle's House	PR) 05/09/2023 RCA: The provider reviewed Regulations: 12VAC35-46-1070. C Provider Requirements for Reporting and is aware of the regulations and adhered to the regulation. The provider contacted the licensing department via phone and spoke with the licensing specialist, The provider reported the following" 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 license specialist explained to the provider that the incidents had to be written for all five residents for Licensing and Human Rights. Statements were still being collected due to the residents attending school. The time factor was discussed. The license specialist stated to note in CHRIS that the provider had reported the incident to the department via phone within 24 hours. Systematic Plan: As part of the CAP, the	5/11/2023

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			provider will take the following actions to ensure that both a verbal and written report is completed and available to the department within 24 hours (see 12VAC35-46-1070. C). • If there is difficulty getting full statements due to time variables. The provider will put the incident in CHRIS and update statements as needed. • The provider will document in CHRIS that statements have been updated. Provider understands that it is important to report incidents to the department in the regulated time frame in order to be in compliance. **Monitoring Plan:** The program director will monitor that written reports be completed in CHRIS within 24 hours from the date of the incident. **Position Responsible for Monitoring Implementation**: Provider identifies the program director position as the position responsible for monitoring implementation of the approved CAP. Provider will complete the corrective action plan by 05/11/23 OLR) Partially Accepted 05/31/2023 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist).	

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			PR) 06/15/2023 **Monitoring Plan:** The program director will monitor that written reports be completed in CHRIS within 24 hours from the date of the incident. The program director will monitor incident reports and the time frames of review and reporting in CHRIS monthly. The program director will use the Monthly Incident Review Form to monitor monthly the incidents and time frames monthly. OLR) Accepted 06/15/2023	

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