

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **4531-14-011**
Organization Name: **A Mission for Michael**

Date of Inspection: **03-11-2026**
Program Type/Facility Name: **14-011 Oak Bucket**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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	Oak Bucket This regulation was NOT MET as evidenced by: CHRIS Number: 20260006 Date/Time of Discover: 02/22/2026 9:00PM Enter Date/Time: 02/25/2026 4:22PM Reporting Delay: 43:22:00 Location Name: Oak Bucket	PR) 03/30/2026 The root cause of this was a misunderstanding about what needed to be reported. We had already reported the incident for one of the clients, which was incident number 20260004. That incident was reported on time. We were then contacted on February 25, 2026 via email and told to submit the same incident report, but for the other client that was involved. We were given a deadline of 9:00 a.m. on February 26 to do so. The incident was reported on February 25, before the deadline. To prevent this from happening again, our internal list of incident types that have to be reported has been updated with a note submit incidents for every client involved. This list is checked for every potential CHRIS submission. This update was made by the Compliance Director. OLR) Partially Accepted 04/17/2026 In addition to the above, the provider response needs to include the following: 1. Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in checklist). CHRIS where possible. 2. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, or quarterly.	3/30/2026

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			PR) 04/29/2026 This process shall be tracked by the Compliance Manager using a weekly report prepared by the Compliance Associate and presented to the Compliance Manager. The weekly report, among other things, shall list the past week's state reportable incidents and when they were submitted to the state. OLR) Accepted 05/19/2026	

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