License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **10-08-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College 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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by CHRIS Number: 20240001 Date/Time of Discover: 09/18/2024 9:12PM Enter Date/Time: 09/20/2024 10:47AM Reporting Delay: 13:35:00 Location Name: Teen Titan Youth Home College Drive	PR) 10/15/2024 **Corrective Action Plan** **Issue:** On 9/19/2024, resident IS eloped from TTYS Group Home, and the incident was not reported to the CHRIS (Computerized Human Rights Information System) within the required 24-hour timeframe. The incident occurred at approximately 9:18 PM, but the report was not submitted to CHRIS until 9/20/2024 at 10:47 AM. This delay in reporting is a violation of regulatory requirements and has led to non-compliance. **Statement of the Issue:** The delay in reporting the elopement incident resulted from an oversight of staff responsible for submitting the report to CHRIS. This was the first serious incident and elopement at the home and staff was focused on working with the authorities and social services; they failed to follow protocol for reporting serious incidents such as elopement within the required 24-hour window. As a result, the incident was not reported to CHRIS until the next morning, well past the compliance deadline. **Correction of the Deficient Practice:** To address this specific violation, the following steps were taken: • **Immediate Review:** On 9/20/2024, a meeting was held with all staff	10/31/2024

License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **10-08-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			involved in the incident to review the importance of reporting timelines and the specific procedures for reporting to CHRIS. Staff was reminded of the 24-hour deadline and the critical nature of timely submissions. • **Incident Report Submission:** The incident was promptly submitted to CHRIS as soon as the delay was identified, ensuring that the required information was properly documented. • **Additional Training:** Staff were provided with immediate refresher training on incident reporting protocols, focusing on timelines and the reporting of serious incidents like elopement. **Plan of Action:** 1. **Training for All Staff:** ◦ All residential staff will undergo mandatory training on incident reporting procedures, specifically emphasizing the importance of submitting reports within the required 24-hour timeframe for all serious incidents. **Completion Date:** All training will be completed by **10/31/2024**. 2.	

License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **10-08-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			◦ A **Reporting Checklist** will be developed, requiring staff to check off each step of the process, ensuring incidents are properly documented and submitted within the appropriate time frame. The checklist will be reviewed by the shift supervisor before the end of each shift to confirm that any incidents are reported immediately. ◦ **Completion Date:** Protocols and checklists will be fully implemented by **10/31/2024** 3. **Monitoring and Auditing:** ◦ **Monthly Reviews:** A comprehensive monthly review will be conducted by the **Program Manager** to assess patterns or recurrent issues in incident reporting. Any delays or issues will be addressed immediately with staff. ◦ **Monitoring Start Date: 10/31/2024**. 4. **Notification of Leadership:** ◦ In the event that any incident is not reported within the required timeframe, the Program Manager will immediately notify the **Executive Director/Owner** to	

License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **10-08-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			ensure swift action is taken. This will help prevent future delays and reinforce accountability. ◦ **Implementation Date: 10/31/2024** 5. **Documentation and Follow-Up:** ◦ All corrective actions, including training and protocol changes, will be documented in the facility ’s **Compliance Log**. This log will track the completion of corrective actions, monitoring efforts, and any additional staff training related to incident reporting. **Staff Responsible for Monitoring:** • **Lead DSP:** Daily monitoring of incident reporting during shifts. • **Program Manager:** Monthly reviews of compliance logs and reporting trends. **Executive Director:** Final oversight to ensure ongoing compliance and address any high-level issues. OLR) Accepted 10/24/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **10-08-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College 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