

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

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License #: **641-14-001**

Organization Name: **United Methodist Family Services**

Date of Inspection: **07-15-2022**

Program Type/Facility Name: **14-001 United Methodist Family Services**

<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.	NS	United Methodist Family Services This regulation was NOT MET (Systemic) as evidenced by: CHRIS Number: 20220291 Date/Time of Discover: 06/26/2022 6:00PM Enter Date/Time: 06/28/2022 11:30AM Reporting Delay: 17:30:00 Location Name: United Methodist Family Services Note: This is the provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, Based upon the rolling year (July 16, 2021 – July 15, 2022) for 07-003 provider was previously cited for late reporting. • The first citation issued on 9/22/21 is now considered non-compliant. • The second citation issued on 5/11/22 is now considered non-compliant. • The third citation issued on 6/7/22 is now considered non-compliant	PR) 07/18/2022 7/18/22 TP Provider is disputing this citation. Provider was asked to enter additional information. The information was added as part of that request. Provider was not told a citation would be issued for this. Provider added information in good faith to complete a request made by IMU team as part of the CHRIS reporting system. Provider should not be penalized for providing requested information after the fact, especially upon request from IMU. This type of punishment to providers does not teach a lesson nor change any outcome for youth in the program. Please see attached email between IMU and provider. Provider followed all requests in a timely manner and worked with IMU to find a solution to this situation. There was never a way for provider to give IMU what was requested within any time frames set forth by IMU. This is a deficit in the regulations and should be addressed by IMU and licensing. OLR) Not Accepted 07/22/2022 Based on the documentation from the provider, the provider was asked to enter an incident for all individuals involved in the Peer to Peer incident that was reported. This report should have been reported initially and it was not. Therefore it was a late reporting. The Dispute is denied and the CAP is Due Aug 5, 2022. The provider response needs to include the following: 1. Describe the specific issue that led to the	7/29/2022

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			late reporting(s). 2. How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. 3. Provider is encouraged to use the Office of Licensing CHRIS Training and Guidance documents located on the DBHDS website for staff training while waiting for the next DBHDS Training. Attached to the CAP Response you will find a document that contains links to the training and guidance documents for your convenience. 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. 6. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe for OHR incident reports that also meet OL reporting requirements. 7. 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 CHRIS where possible. 8. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).	
			PR) 07/22/2022	

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			- Describe the specific issue that led to the late reporting(s).--provider did not know to enter for any other youth for this incident - How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific.-- Education was provided by IMU division and this was shared with all persons who enter CHRIS reports. No formal training was done as the group knows how to enter such reports but did not understand the reporting requirement for this particular type of incident. - Staff by title who has the primary responsibility to enter incidents into CHRIS.--UM, director, associate director, clinical director - 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.--same group and addition of lead therapist - Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe for OHR incident reports that also meet OL reporting requirements.-- staff who do CHRIS reports were given training and guidance documents found on the licensing site to ensure the peer to peer reporting is better understood. - 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 CHRIS where possible. --CFHC QI Coordinator	

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			7. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). --daily OLR) Accepted 08/05/2022	

General Comments / Recommendations:

Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than August 5, 2022.

1. Licensing Report Response

2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.

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