

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

Page: 1 of 3

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

Organization Name: **United Methodist Family Services**

Date of Inspection: **04-12-2023**

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: 20230017 Date/Time of Discover: 03/24/2023 3:00PM Enter Date/Time: 03/26/2023 11:44AM Reporting Delay: 20:44:00 Location Name: United Methodist Family Services This is a systemic (NS) citation. Based upon the rolling year (April 13, 2022 – April 12, 2023) for 14-001 this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation was issued on 5/11/22 and is now a non-compliant. • The second citation was issued on 6/7/22 and is now a non-compliant. • The third citation was issued on 7/15/22 and is now a non-compliant-systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submitting an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than the due date of 5/3/23. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the	PR) 05/02/2023 The trainings have been completed by those staff who enter CHRIS reports. Attestations of this have been sent to the licensing specialist and are attached here. OLR) Partially Accepted 05/04/2023 In addition to the above, the provider response needs to include the following: 1. Provide a statement of the issue that led to non-compliance. 2. State how you corrected/will correct the deficient practice in this specific violation. 3. 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. 4. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 5. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist). 6. Staff by title who has the primary responsibility to enter incidents into CHRIS. 7. 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. 8. Date backups were/will be trained/reeducated on entering information into CHRIS including deadlines.	5/2/2023

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		trainings and guidance documents are listed in the attached attestation form.	9. Staff by title who serve in the Delta roles- Administrator, Security Officer and Supervisor. 10. Date(s) Security Officer, who has the ability to reset passwords for the organization, completed training on how to reset passwords. Training included in uploaded OL Guidance & Training links document for your convenience. PR) 05/19/2023 1. There was no single issue that contributed to late reporting. Provider is focused on safety of youth first and paperwork second. Provider has trained more individuals to utilize the CHRIS system to ensure compliance. 2 More staff will be trained in CHRIS and its reporting deadlines. 3. The same policy and protocol is in place and requires timely reporting. More staff have been trained to enter CHRIS information and it has been re-emphasized to staff to ensure this part of compliance is done. 4 UM and Director 5 weekly monitoring 6 UM 7 Director, Associate Director, therapist 8 Training was done 5/3/23 for all staff listed here 9 UM	

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			10 This training has not been done. There has not been a change in re-setting passwords in the CHRIS system. OLR) Accepted 05/19/2023	

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 May 3, 2023.

- 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