

**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: **10-03-2024**

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.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: CHRIS Number: 20240045 Date/Time of Discover: 09/16/2024 10:00AM Enter Date/Time: 09/18/2024 3:10PM Reporting Delay: 29:10:00 Location Name: United Methodist Family Services CHRIS Number: 20240046 Date/Time of Discover: 09/16/2024 10:00AM Enter Date/Time: 09/18/2024 3:14PM Reporting Delay: 29:14:00 Location Name: United Methodist Family Services CHRIS Number: 20240047 Date/Time of Discover: 09/16/2024 10:00AM Enter Date/Time: 09/18/2024 3:22PM Reporting Delay: 29:22:00 Location Name: United Methodist Family Services	PR) 10/03/2024 Good evening, I am disputing the CAP given for untimely submission for the following reasons: 1. I requested assistance and guidance from Dave Wampler regarding these situations. Youth ran from school, which is not a DBHDS program, and I was seeking guidance. 2. Dave, after checking with his supervisor, stated submitting these was appropriate and noted that we needed to say it was regarding school 3. Youth ran from a DOE accredited school NOT a DBHDS program. Guidance offered in the past by human rights noted we did could report as a matter of communication but that we were not required to report them. 4. UMFS, in the past, was told not to submit these school related incidents. This guidance was given a while ago and checking with Dave was to ensure we were on the same page with new folks. Tara OLR) Not Accepted 10/16/2024 The document submitted to support the dispute does not correlate to the incidents on of this citation. The incidents included in this citation	10/22/2024

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			have a discovery date and enter date prior to the date indicated in the email that you reached out to IMU. Therefore, the cap still stands and is due on or before the due date. Please review the incidents listed in this citation for the response. Be sure to include the following in your cap response. 1. Describe the specific issue that led to the late reporting. 2. How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. 3. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 4. 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. 5. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly 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. Provider is encouraged to review Office of Licensing CHRIS Training and Guidance	

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			documents located on the DBHDS website as a basis for staff training. You will find a document that contains links to the training and guidance documents uploaded within the CAP for your convenience. PR) 10/21/2024 UMFS Response: 1. The submission was late as UMFS was checking in with Human Rights about the need to even report this incident given it was from a DOE school and not a DBHDS program. 2. The change moving forward will be school incidents will not be reported in CHRIS per past guidance from human rights. The school is a DOE accredited program with its own guidelines on reporting and handling issues of youth running away. CHRIS reports done for DBHDS programming will continue to occur within the 24 hour guidelines. This situation was a special situation and outside of the normal reporting process for the program and its staff. The staff have been trained to do CHRIS reporting within 24 hours of an incident under normal circumstances. 3. The QI/UM department monitors all serious incidents which include those that require a report within the CHRIS system. Incidents are reviewed daily and any that require reporting in CHRIS are handled by the QI/UM team or the Leadership Team	

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			at CFHC. All of the members of these teams have been trained on CHRIS, reporting timelines, and what incidents require reporting. 4. QI/UM, Associate Director of QI/UM, CFHC Coordinator, Director, Associate Director 5. The plan is monitored daily as the team discusses incidents and ensures reporting. Monthly QI meetings occur and review all reportable incidents within the program and when those incidents were reported to CHRIS. 6. UM 7. QI Coordinator, VP of Residential. Admissions Coordinator, Associate Director 8. This has been reviewed. OLR) Accepted 11/06/2024	

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