DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **7094-14-008**
Organization Name: **Grateful Beginnings, LLC**

Date of Inspection: **05-19-2026**
Program Type/Facility Name: **14-008 Grateful Beginnings LLC**

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	Grateful Beginnings LLC This regulation was NOT MET as evidenced by: CHRIS Number: 20260002 Date/Time of Discover: 04/30/2026 8:30AM Enter Date/Time: 05/01/2026 2:01PM Reporting Delay: 5:31:00 Location Name: Grateful Beginnings LLC	PR) 05/22/2026 The provider identified that a serious incident was not entered into the CHRIS reporting system within the required 24-hour timeframe as required by 12VAC35-46-1070.C. This occurred due to insufficient oversight and tracking procedures to ensure timely submission of serious incident reports. To correct the deficient practice, Grateful Beginnings LLC reviewed and revised its serious incident reporting procedures to ensure all reportable incidents are entered into the CHRIS system within required reporting timelines. Staff responsible for incident reporting were re-educated on DBHDS reporting requirements, including required timeframes and documentation expectations. To ensure ongoing compliance: A standardized incident reporting process and tracking procedure was implemented to monitor reporting deadlines. The Program Director and Risk Manager/QA Designee will review all reportable incidents to ensure CHRIS submissions are completed within 24 hours of discovery. Staff responsible for supervision and incident reporting received additional training regarding DBHDS incident reporting requirements and timelines. Incident reporting compliance will be reviewed through ongoing Quality Assurance and Risk Management activities. Staff Responsible Monitoring Method Frequency Risk Manager / QA Designee Review CHRIS	5/22/2026

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			reports for timely submission and documentation compliance Monthly Program Director Monitor reportable incidents and verify submission within required timelines Monthly Clinical Supervisor Review incident reporting procedures with staff during supervision Monthly Executive Director Oversight of Risk Management and QA activities Quarterly OLR) Accepted 06/10/2026	

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