DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **04-14-2022**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Omega I Residential Service This regulation was NOT MET as evidenced by: See OHR citations.	PR) 04/19/2022 The Program Director is responsible for collecting the information about the serious incident as soon as the incident takes place. The Quality Assurance worker is responsible for inputting the incident information into CHRIS within the 24-hour time frame. The Program Director will be responsible for ensuring that the incident is filed in the CHRIS by following up with the Quality Assurance worker and the Risk Manager prior to the 24-hour timeframe. The Program Director will provide additional training on how to complete the report in the CHRIS to the Risk Manager as well as the Quality Assurance worker. OLR) Accepted 04/20/2022	5/18/2022

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **04-14-2022**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	Omega I Residential Service This regulation was NOT MET as evidenced by: • Upon review of CHRIS entry A-20220001, the provider became aware of the incident on 3/16/2022, and the date of entry into CHRIS is 3/22/2022. As a result, the provider failed to report the allegation to the department within 24 hours of receipt.	PR) 04/19/2022 The Program Director is responsible for collecting the information about the serious incident as soon as the incident takes place. The Quality Assurance worker is responsible for inputting the incident information into CHRIS within the 24-hour time frame. The Program Director will be responsible for ensuring that the incident is filed in the CHRIS by following up with the Quality Assurance worker and the Risk Manager prior to the 24-hour timeframe. The Program Director will provide additional training on how to complete the report in the CHRIS to the Risk Manager as well as the Quality Assurance worker. OHR/OLR) Accepted 04/20/2022	5/18/2022

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **04-14-2022**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: • Upon review of CHRIS entry A-20220001 on 4/12/2022, the provider became aware of the event on 3/16/2022. As of 4/12/2022, the provider has failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. • On 4/7/2022, OHR notified the provider via email that the written report of the results of the investigation were due to be reported by 4/5/2022 and the provider was out of compliance with the time frame for reporting.	PR) 04/19/2022 The Program Director is responsible for collecting the information about the serious incident as soon as the incident takes place. The Quality Assurance worker is responsible for inputting the incident information into CHRIS within the 24-hour time frame. The Program Director will be responsible for ensuring that the incident is filed in the CHRIS by following up with the Quality Assurance worker and the Risk Manager prior to the 24-hour timeframe. The Program Director will provide additional training on how to complete the report in the CHRIS to the Risk Manager as well as the Quality Assurance worker. OHR/OLR) Accepted 04/20/2022	5/18/2022

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **04-14-2022**
Program Type/Facility Name: **14-008 Omega I Residential Service**

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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined