DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-01-2024**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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	Omega I Residential Service This regulation was NOT MET as evidenced by: CHRIS Number: 20240004 Date/Time of Discover: 08/26/2024 10:00PM Enter Date/Time: 09/13/2024 2:38PM Reporting Delay: 400:38:00 Location Name: Omega I Residential Service	PR) 10/04/2024 It is the Program Managers' responsibility to notify the Program Director of such a serious incident/allegation immediately or within 24 hours. The Program Manager neglected to make the notification in a timely manner. The Program Managers employment has been terminated. The Program Director will be responsible for monitoring the day-to-day operations along with the current Program Manager. The Program Director or Risk Manager will be responsible for submitting all SIRs into the CHRIS within 24 hours or immediately upon the time of discovery. I have attached supporting documentation for your review. OLR) Partially Accepted 10/16/2024 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 10/29/2024 The plan will be monitored monthly by the Program Manager. OLR) Accepted 10/31/2024	10/4/2024

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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