DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-25-2024**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-230. A. - The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with these regulations and other applicable regulations and statutes.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon request for documents for recent serious incident reports, the provider failed to submit the requested documentation by the due date. LS requested documents on 10/15/2024 with due date of 10/18/2024 by close of business. No documentation has been submitted. Please address the citation with a corrective action plan of why the regulation was cited, how you will mitigate this regulation from being cited in the future, the staff member's position title for implementing the corrective action and the date that the corrective action will be implemented in the response.	PR) 11/01/2024 The Program Director and Risk Manager are responsible for completing and submitting requested documents within the timeframe identified. The Program Director will view the Messaging Center in CONNECT at least once a week in an effort to respond to any requests in a timely manner and before the deadline. The requested documents have been attached for your review. OLR) Accepted 11/01/2024	11/1/2024

General Comments / Recommendations:
Please review the licensing report and respond with the corrective action report by the due date addressed in the report.

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.

Tina Williams, Licensing Specialist	(Signature of Organization Representative)	Date

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