DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-06-2026**
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 citation.		1/15/2026
12VAC35-115-175. F. (4) - Additional requirements for complaints involving abuse, neglect, or exploitation: 4. The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: *The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.* • During the Advocate's monitoring of the CHRIS report **A-20250001**, the provider failed to provide evidence of a trained investigator for verification on May 9, 2025. Based on the Advocate's review, there is a preponderance of evidence to support the violation.	PR) 01/14/2026 The Program Director is responsible to ensuring that the Risk Manager and any other employee who will be responsible for investigating any serious incidents, complete the required training. The Program Director will monitor all SIRs to make sure the investigation process is initiated and completed as stated in the regulations. I have attached a copy of the certification for Investigating Abuse and Neglect training attended on 9/18/2025. OHR/OLR) Accepted 01/16/2026	1/15/2026

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

Date of Inspection: **01-06-2026**
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 the CHRIS entry **A-20250001**, the provider failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. ◦ The investigative findings were due on **5/9/25**; however, The investigation results were not completed until 8/6/25 as evidenced by the timestamp in the Department's web-based reporting system (CHRIS).	PR) 01/14/2026 The Risk Manager and any other Trained Investigator will be responsible for completing the written report in the CHRIS withing 24 hours. That Trained Investigator will complete their internal investigation and submit their final results prior to the 10-day timeframe in the CHRIS. The Program Director will monitor all SIRs to make sure the investigation process is initiated and completed as stated in the regulations. OHR/OLR) Accepted 01/16/2026	1/15/2026

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-06-2026**
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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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