DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **804-14-009**
Organization Name: **OLA Home for Boys, LLC**

Date of Inspection: **02-24-2022**
Program Type/Facility Name: **14-009 House # 2**

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	House # 2 This regulation was NOT MET as evidenced by: CHRIS Number: 20220047 Date/Time of Discover: 02/01/2022 7:00PM Enter Date/Time: 02/03/2022 10:29AM Reporting Delay: 15:29:00 Location Name: House # 2	PR) 03/17/2022 The on-duty counselor reported an incident to the Program Director regarding the client in question and another client engaging in a verbal altercation that included mild shoving. It was reported by the on-duty counselor that the clients involved in the incident did not fall or strike one another, nor did they fall on any objects. The on-duty staff attested that after checking with each client to inquire about injury or concern and based upon the counselor's own observation, the incident did not nor could not have caused harm. As a result of such, the Program Director did not submit a report to the DBHDS. The same client in question engaged in a form of property destruction on the same day after the beforementioned altercation that involved striking furnishings with his hand/body. Despite denying pain or injury after the incident the client in question complained of pain in his arm on the following day. The client was taken to the Emergency Room to be evaluated. An incident for the client taken to the Emergency Room was entered into CHRIS according to guidelines. PREVENTION: This agency has identified the Program Director to serve as the individual responsible for submitting incidents to CHRIS within 24 hours from when the incident was discovered. Going forward, all incidents that involve any type of physical contact, no matter how mild, will be entered into CHRIS for review. OLR) Partially Accepted 03/21/2022 In addition to the above, provider response	3/17/2022

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			needs to include the following: 1. Staff by title responsible for monitoring incidents to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. 2. Indicate the frequency for monitoring incident reports including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). PR) 04/04/2022 This provider is not following the request for additional information for #1 below. Neither the counselor nor the Program Director believed that an incident was necessary, and therefore no incident was generated. There was no incident to monitor. The training was conducted to inform all staff and the Program Director of the Prevention policy in this CAP and the steps that must be taken. Once an incident is generated, the Program Director is responsible for making the Business Manager aware of the incident. The Business Manager is responsible for entering the incident due date on their calendar and monitoring the incident to ensure timely follow-up. The Business Manager will notify the Program Director and the Chief Administrative Officer one business day (24 hours) before an incident follow-up due date. The Program Director, with assistance	

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			from the Business Manager, is responsible for ensuring all serious incidents are maintained and reviewed at least quarterly. During the quarterly review, the Program Director will review all serious incidents, including Level I, to identify trends, systemic issues and/or causes, training needs, and/or policy and process change recommendations which should include steps taken to mitigate the potential for future incidents. OLR) Accepted 04/05/2022	

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.

Sherry Miles, Licensing Application Specialist	(Signature of Organization Representative)	Date

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