DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-11-2023**
Program Type/Facility Name: **14-009 House # 2**

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	House # 2 This regulation was NOT MET as evidenced by: See OHR citation.		
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	N	House # 2 This regulation was NOT MET as evidenced by: Upon review of the CHRIS entry A-20230017, 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 8/17/23. Findings entered 12/9/23.	PR) 01/19/2024 Provider: PD communicated on several occasions with LHRC regarding the inability to enter additional information and close the case in a timely manner. Due to this difficulty, PD called the help desk requesting assistance with the abovementioned requirements. When the help desk responded to the PD, the PD was able to enter information and enter findings successfully. OHR/OLR) Not Accepted 01/30/2024 CAP not accepted. Please respond to the following points. 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.	1/19/2024

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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;			2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). PR) 02/13/2024 The PD communicated on several occasions with the LHRC regarding the inability to enter additional information and close the case in a timely manner. Due to this difficulty, the PD called the help desk, requested assistance, and entered findings successfully when she heard back from the help desk several months after the event. **PREVENTION:** The PD is responsible for reporting information concerning abuse, neglect, and exploitation and providing a written report of the results of an investigation in a timely manner (within ten working days from the date the investigation began). In the instance of technical difficulties, the PD is responsible for initiating and following up daily with the help desk and LHRC	

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			to ensure information is entered timely or as soon as possible. If the PD is not able to get a resolution within the 10-working day timeframe, she is to notify the CAO, who will also reach out to the assigned LHRC and the help desk as appropriate. Follow-ups should continue each day until the matter is resolved. OHR/OLR) Accepted 02/15/2024	

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