DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-13-2025**
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: 20250002 Date/Time of Discover: 01/28/2025 3:30AM Enter Date/Time: 01/29/2025 5:42PM Reporting Delay: 14:12:00 Location Name: House # 2	PR) 03/07/2025 The Program Director, the person responsible for submitting notifications on time, overlooked this report submission. The Program Director's calendar reminder allowed them to submit the report the next day, but outside of required time constraints. PREVENTION: This agency has identified the Program Director to serve as the individual responsible for submitting incidents into Chris within 24 hours from when the incident was discovered. The Program Director is required to enter a due date **and time** in their calendar to ensure a timely follow-up and should be sure to include calendar reminders to avoid another oversight. The Program Director from a neighboring service line for this agency will serve as the back-up person to enter incidents into CHRIS. In the event the primary person is not available, the back-up individual will be able to submit the incident within the 24-hour timeframe. OLR) Partially Accepted 03/28/2025 In addition to the above, the provider response needs to include the following: 1. Staff by title responsible for monitoring process implemented 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 the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).	3/7/2025

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			PR) 04/11/2025 The Business Manager or designee will be responsible for monitoring the recommended process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. The business manager will be responsible for checking the CHRIS system weekly (on Friday) to ensure there are no outstanding Level II and Level III incidents. OLR) Accepted 05/06/2025	

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