

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 2

License #: **084-01-020**

Organization Name: **Western Tidewater Community Services Board**

Date of Inspection: **03-23-2026**

Program Type/Facility Name: **01-020 Bridges**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-530. E. - Providers of residential services shall have at all times a three-day supply of emergency food and water for all individuals receiving services and staff. Emergency food supplies should include foods that do not require cooking. Water supplies shall include one gallon of water per person per day.	N	Bridges This regulation was NOT MET as evidenced by: At the time of the inspection there was not an adequate amount of emergency food supply onsite to meet the three-day supply for individuals and staff.	PR) 06/02/2026 This provider recognizes that during the inspection, it was determined that the program did not maintain an adequate emergency food supply onsite to meet the required three-day supply for individuals and staff. To correct this deficiency, the program purchased and stocked emergency food kits sufficient to provide food for at least seven days, exceeding the required three-day supply. The program also maintains a seven-day supply of potable water for individuals and staff. The program has implemented an Emergency Supply Inventory Log and updated emergency preparedness procedures to ensure adequate emergency food and water supplies are maintained at all times. Monthly inventory checks will be conducted to monitor supply levels and expiration dates, and supplies will be replaced as needed. Relevant staff have been trained on emergency supply requirements and monitoring procedures. Oversight of monthly inspections and quarterly trainings will be overseen by the program clinical administrator. The program supervisor will conduct monthly inspections of emergency food and water supplies and verify quantities and expiration dates. The program manager will conduct quarterly trainings via staff meetings to ensure ongoing compliance with emergency preparedness requirements. OLR) Accepted 06/02/2026	9/2/2026

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 2

License #: **084-01-020**

Organization Name: **Western Tidewater Community Services Board**

Date of Inspection: **03-23-2026**

Program Type/Facility Name: **01-020 Bridges**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations: This provider does not use volunteers or contractors.				
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.				
_____ Kiashia Hargis, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				