DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **12142-14-008**
Organization Name: **Angels, LLC**

Date of Inspection: **12-22-2025**
Program Type/Facility Name: **14-008 Tuskwillow Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (6) - The records of each employee shall include: 6. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Tuskwillow Drive This regulation was NOT MET as evidenced by: Upon review of Employee #2's file, the provider failed to have evidence of documentation of compliance with requirements of Virginia laws regarding child protective services. Employee #2's file did not have evidence of Child Registry results.	PR) 01/02/2026 Statement of the issue that led to non-compliance. Employee 2 is a student and had just begun his internship at this agency. While this CEO had created a CRS prior to his arrival, in error, CEO failed to secure the needed results and put in Employee 2's file. Statement of how the issue will be corrected. Evidence of Employee 2's CRS results was completed and placed in Employee 2's file. Plan of action to address systematic (process/protocols) that have been or will be implemented to ensure this agency remain in compliance of the regulation. This CEO has developed a tracking system to follow-up on each created CRS. This system includes an excel spreadsheet that includes date CRS report was created, submitted and additional actions needed. It will include a two, three, four and five -day follow-up notice that will require annotation of each day's status/results. Once the CRS results has been completed and placed in the employee's file, no further actions will be required and stated on the spreadsheet. This will be monitored by the CEO and assistant director. Also, at the time of CRS creation, this CEO will incorporate a pop-up calendar alert that will notify this CEO to check the Child Registry for results. The pop-up alert will be maintained for two weeks and deleted only after results have been received and placed in the employee file. Staff by Title who will monitor the procedures	12/26/2025

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			implemented to ensure you stay in compliance with the regulation The CEO and Asst Director will monitor the newly developed tracking excel spreadsheet to ensure compliance as outlined in above. The CEO will monitor the calendar alerts. Frequency for monitoring the plan including how it will be monitored. The calendar pop-up alert will be maintained for two weeks and deleted only after results have been completed, received and placed in the employee file. CEO and assistant director will monitor the spreadsheet on day two, three, four and five after the CRS has been created. The results of each check will be annotated on the spreadsheet at the time of the check. At the time of CRS creation, this CEO will incorporate a pop-up calendar alert that will be maintained as a pop-up for two weeks and deleted only after results have been received and placed in the employee's file. OLR) Accepted 01/07/2026	
12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to	N	Tuskwillow Drive This regulation was NOT MET as evidenced by: Upon review of Individual #1's file, the provider failed to have evidence of a program of medication, including over-the-counter medication, that is initiated for Individual #1. Review of Individual #1s MAR revealed Medication #1 and	PR) 01/02/2026 The root cause(s) of the violation. While a copy of the over-the-counter medication #1 and #2 signed by and authorized physician was in the individual's record under the medical section, as well as in the individual's medication drawer in a sleeve. This CEO Failed to produce	1/1/2026

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prescribe medication.		Medication #2 as over-the-counter medications. Review of Individual #1's documentation showed no evidence of authorization by a person authorized by law to prescribe medication.	evidence of it at the time of the inspection. A copy of the over-the-counter medication order is attached. 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again. This CEO has added an additional step to have all orders available at the time of inspections. A copy of the order will continue to be maintained in the individual's record within the medical section of the file, and in the individual's medication drawer where the individual medication is located. In addition to this, a copy of the order will be placed on the back outside of the individual MAR record where all medication orders can be easily seen. Medications accompanying residents at admission may be administered to residents provided the medication is in the original labeled container. Due diligence will be made to obtain the order WITHIN seven (7) of admission. Evidence of efforts to obtain a written order from the prescribing physician will be annotated and recorded in the resident's file. 3. The frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist). On the day of admission, but NLT then 7 days after admission a MAR will be developed, and a	

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			copy of all received orders will be maintained in the individual's record, as well as placed in the individual's medication drawer where the individual medication is located. In addition to this, a copy of the order and updates as ordered will be placed on the back outside of the individual MAR record where all medication orders can be easily seen. The CEO and Asst Director will monitor this at the time of admission and monthly to ensure all, including updated orders are on file and the agency is in compliance. 4. Identify the staff position(s) responsible (no names just title of the staff!) for monitoring implementation of the approved CAP. The CEO and Asst Director will monitor this at the time of admission and monthly to ensure all, including updated orders are on file and the agency is in compliance. 5. Include a date of completion for each corrective action. A copy of the over-the-counter orders for medication #1 and #2 are attached. Furthermore, as a result of the most recent inspection, this agency has updated policy 850.4 (Documentation of any medications prescribed and administered following admission) to be more specific regarding the time frame to obtain medication orders during the admission process. Current policy states, Medication accompanying residents at admission may be administered to residents provided the mediation is in the original labeled container and the order is subsequently obtained as of the admission	

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			physical examination. Changes are noted as follows: 4. Documentation of any medications prescribed and administered following admission Medications accompanying residents at admission may be administered to residents provided the medication is in the original labeled container. Due diligence will be made to obtain the order WITHIN seven (7) of admission. Evidence of efforts to obtain a written order from the prescribing physician will be annotated and recorded in the resident's file. The pharmacy prescription label showing the name of the resident, the name of the physician and the instructions for dosage may be sufficient. Should there be concerns regarding the appropriateness of administering medications due to the condition or state of the medication, for example, expired, makeshift or illegible labels, or the condition or state of health of the newly-admitted resident, staff members shall consult with or make arrangements to have the resident examined by a physician or other authorized healthcare provider, or at the local hospital emergency room prior to administering any medications. OLR) Accepted 01/07/2026	

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General Comments / Recommendations:
LS recommends provider update policy 850.4 to be more specific regarding the time frame to obtain medication orders at admission.

Please make sure to include the following in your Corrective Action Plan response:
1. Please identify the root cause(s) of the violation;
2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist).
4. Identify the staff position(s) responsible (no names just title of the staff!) for monitoring implementation of the approved CAP.
5. Include a date of completion for each corrective action.

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.

April Vazquez, Licensing Specialist	(Signature of Organization Representative)	Date

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