DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **15**
License #: **1266-14-008**
Organization Name: **Rest Assured, LLC**

Date of Inspection: **10-03-2023**
Program Type/Facility Name: **14-008 3830 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-870. F. (2) - Supervision policies: 2. At all times the ratio of staff to residents shall be at least one staff to eight residents for facilities during the hours residents are awake, except when the department has approved or required a supervision plan with a different ratio based on the needs of the population served.	N	Monza Drive This regulation was NOT MET as evidenced by: The provider did not follow their own policies and procedures which were approved by the department concerning staffing ratios. The provider's policies and procedures states they will have "one staff to every four youth" in the home. At the time of the elopement the provider had one staff supervising five individuals. The provider's "Staff Supervision of Residents", also states that staff will have 30-minute visual contacts with residents...meaning staff must be able to identify the residents location and activity in the home." The residents were gone for over an hour before staff became aware of their absence. The provider needs to **Include all 4** points below, in detail, in your response to each violation: 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. 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) 10/26/2023 **PR:** Unfortunately, the temporary Program Manager accepted an Emergency Placement of a youth to avoid the individual having to sleep of the sofa of the DSS Case Worker. The individual arrived to the home late and a PRN Counselor was not available. The overnight staff arrived on duty and spent 25-30 minutes standing in the doorway talking with the new resident (sitting on bed). The staff was able to verify that all other residents were in bed, appeared to be asleep. The staff went downstairs to perform other overnight duties, unaware that the new resident and the room mate had eloped. As it had been within an hour was preparing to go upstairs when the police arrived with one of the residents. **ROOT CAUSE ANALYSIS:** Normally, staff conduct 30-minute site supervision. This was an extenuating circumstance. However, a fifth resident should not have been accepted without proper coverage.The assumed that because she had a conversation with the individual and saw them in bed that that was sufficient. It was not known until later, that one of the other residents had over heard the two planning to elope and did not report it until afterwards. **PLAN OF ACTION:** Supervision is defined as the observation, monitoring, involvement, interaction, accountability, protection, guidance, support and encouragement of youth residing in the group home environment. Supervision allows one to maintain a watchful, non-intrusive eye of residents, knowledge of the resident's activity and location even without being present (i.e. knowing that a resident is at school or work). Supervision also involves supportive	8/19/2023

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			multi-tasking and intuitive thinking and most importantly a growing relationship with residents. A Staff/House meeting was conducted in which staff were fully instructed on the protocol of site supervision. Staff were directed in brief seminar/training of site supervision and that site supervision is a priority over all else. OLR) Accepted 10/30/2023	

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.

Cynthia Gwinn, Licensing Specialist	(Signature of Organization Representative)	Date

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