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

Date of Inspection: **01-24-2022**
Program Type/Facility Name: **14-008 3830 Monza Drive**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-70. - 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 | Monza Drive<br><br>This regulation was NOT MET as evidenced by:<br><br>See OHR citation below. | PR) 02/14/2022<br><br>On 1/12/2022, the Provider received a telephone call from OHR to re-enter data into CHRIS Case #20210010. The case was originally entered into the system on 12/2/2021. On 1/31/22, the Provider received an email from OHR to complete missing information (Investigations/Findings) regarding the case.<br><br>Plan of Action: Provider will register staff (Executive Assistant) for the next scheduled Investigator's Training.<br><br>OLR) Partially Accepted 03/03/2022<br><br>See OHR response below.<br><br>PR) 03/17/2022<br><br>PR: On 1/12/2022, the Provider received a telephone call from OHR to re-enter data into CHRIS Case #20210010 which was originally entered into the system on 12/2/2021. After several telephone calls requesting clarification, on 1/31/22 the Provider received an email from OHR requesting to complete missing information (Investigations/Findings) regarding the case. The Plan of Action was to register the Executive Assistant for Investigation Training. OHR partially accepted the CAP on 2/28/2022 stating that the Provider failed to address specific plans to address systematic changes that would be implemented to ensure compliance.<br><br>PLAN OF ACTION: Provider will register not only the Executive Assistant, but also the Case Manager and the Quality Assurance Specialist to | 4/14/2022 |

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| | | | assure that each person dealing with CHRIS is properly trained on what should be entered into the system and the deadlines that should occur, as well as when it should be entered. The Quality Assurance Specialist will make weekly audits and chart reviews of all current individuals within the program.<br><br>OLR) Accepted 03/22/2022 | |
| 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 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, | N | Monza Drive<br><br>This regulation was NOT MET as evidenced by:<br><br>• Upon review of CHRIS entry A-20210010 on 1/12/2022, it was revealed that 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 provider became aware of the event on 12/02/2021.<br>• The provider was notified on 1/12/2022 and instructed to enter the results of the investigation. As of 1/18/2022, the provider has not reported the investigative findings. | PR) 02/14/2022<br><br>On 1/12/2022, the Provider received a telephone call from OHR to re-enter data into CHRIS Case #20210010. The case was originally entered into the system on 12/2/2021. On 1/31/22, the Provider received an email from OHR to complete missing information (Investigations/Findings) regarding the case.<br><br>Plan of Action: Provider will register staff (Executive Assistant) for the next scheduled Investigator's Training.<br><br>OHR/OLR) Partially Accepted 02/28/2022<br><br>Provider's pledged corrective action fails to to include specific details of the plan of action to address systematic changes that have been or will be implemented to ensure the provider remains in compliance of the regulation. The provider is requested to provide specific details of how the corrective action plan, how it will be monitored, the frequency for monitoring, and who will be responsible for the monitoring. (Ex: monthly audits, weekly chart reviews, daily checklist). | 6/9/2022 |

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| neglect, or exploitation occurred; | | | PR) 03/17/2022<br><br>PR: On 1/12/2022, the Provider received a telephone call from OHR to re-enter data into CHRIS Case #20210010 which was originally entered into the system on 12/2/2021. After several telephone calls requesting clarification, on 1/31/22 the Provider received an email from OHR requesting to complete missing information (Investigations/Findings) regarding the case. The Plan of Action was to register the Executive Assistant for Investigation Training. OHR partially accepted the CAP on 2/28/2022 stating that the Provider failed to address specific plans to address systematic changes that would be implemented to ensure compliance.<br><br>PLAN OF ACTION: Provider will register not only the Executive Assistant, but also the Case Manager and the Quality Assurance Specialist to assure that each person dealing with CHRIS is properly trained on what should be entered into the system and the deadlines that should occur, as well as when it should be entered. The Quality Assurance Specialist will make weekly audits and chart reviews of all current individuals within the program.<br><br>OHR/OLR) Accepted 03/20/2022 | |

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



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**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.

| Tonya Carr, Legal Operations Manager | (Signature of Organization Representative) | Date |
|---|---|---|

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