DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-17-2022**
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 This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 03/17/2022 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. 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. OLR) Partially Accepted 03/22/2022 See OHR response and resubmit CAP. PR) 04/05/2022 PR: A Quality Assurance Specialist has been contracted to oversee all CHRIS entries. This person will conduct weekly audits in the system	6/9/2022

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			to ensure all entries are completed and findings are written within the 10 working days time frame. The Quality Assurance Specialist will set up a reminder system (via email) to notify all parties (Program Managers, Case Manager, and the Executive Assistant) of deadline dates for the completion of all tasks and entries. In addition, the Quality Assurance Specialist will review all charts and files, on a monthly basis, to ensure accurate record-keeping is maintained. As originally stated, the Provider will register the Program Manager, Case Manager, the Executive Assistant, as well as the Quality Assurance Specialist, in the next OHR Investigation Training offered in order to ensure that more than one person is qualified to conduct investigations. OLR) Accepted 04/05/2022	
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	N	Monza Drive This regulation was NOT MET as evidenced by: Upon review of CHRIS entry A-20220001 on 2/15/2022, the provider's investigation began on 01/15/2022 and the provider's findings were entered 02/11/2022. The 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.	PR) 03/17/2022 PLAN OF ACTION: The provider will register the Executive Assistant in the Investigating Abuse & Neglect Training, conducted by OHR on 6/9/2022. However, in the meantime, both the Executive Assistant and the Quality Assurance Specialist will review/study resources to increase their understanding of the process and their responsibilities until each person has been certified to conduct investigations. OHR/OLR) Partially Accepted 03/20/2022 OHR response: 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	6/9/2022

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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, neglect, or exploitation occurred;			specific details of how the corrective action plant will be monitored, the frequency for monitoring, and who will be responsible for the monitoring. (Ex: monthly audits, weekly chart reviews, daily checklist). PR) 04/05/2022 PR: A Quality Assurance Specialist has been contracted to oversee all CHRIS entries. This person will conduct weekly audits in the system to ensure all entries are completed and findings are written within the 10 working days time frame. The Quality Assurance Specialist will set up a reminder system (via email) to notify all parties (Program Managers, Case Manager, and the Executive Assistant) of deadline dates for the completion of all tasks and entries. In addition, the Quality Assurance Specialist will review all charts and files, on a monthly basis, to ensure accurate record-keeping is maintained. As originally stated, the Provider will register the Program Manager, Case Manager, the Executive Assistant, as well as the Quality Assurance Specialist, in the next OHR Investigation Training offered to ensure that more than one person is certified to conduct investigations. OHR/OLR) Accepted 04/05/2022	

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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