DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-12-2022**
Program Type/Facility Name: **14-008 3830 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Monza Drive This regulation was NOT MET as evidenced by: See OHR citations below.	PR) 05/04/2022 PR: On 2/26/22 when the incident occurred, the Provider entered the information into the CHRIS database within 4 hours after the occurrence. Because the individual was neither abused, neglected nor suffered an injury, the incident was submitted to the Office of Licensing. However, on 3/9/2022, the OHR Advocate telephoned the Provider, stating potential neglect. The investigation was accepted and did not prove neglect, but the OHR Advocate said because the youth was AWOL from the facility for 30 minutes the incident should have still been reported to OHR. Therefore, after talking with the OHR on 3/10/22. The Provider then re-entered the information into CHRIS under in the OHR section, thus causing a late entry. Because of the individual stormed into the office and attacked the staff on duty, resulting in taking the vehicle keys from the desk drawer which has been the procedure since 2015, the Provider decided to change and implement a new security measure for vehicle keys. ROOT CAUSE ANALYSIS: Due to the Coronavirus pandemic in 2020 and 2021, the Program lost the four staff members who were knowledgeable of the CHRIS database system. Since then, two staff have been taking the CHRIS trainings, in an attempt, to understand and navigate the database system. However, the Provider was under the misconception that because the youth was not abused, neglected, or injured, that the information only had to be submitted to the Office of Licensing. Staff still do not fully understand the requirements of the	6/9/2022

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			system. Because the individual had a history of elopement and a previous incident of stealing a vehicle, an immediate plan should have been implemented to prevent the occurrence of the incident. Only the theft of vehicles can be avoided with more secure measures; however, the avoidance of elopement cannot be avoided as the facility is not a locked down facility. The group home is in a regular house, in a residential neighborhood. The ratio of staff per residents is 1:4, with 2 floors and staff conduct 30-minute observation periods, checking on each resident (living room, family room, Florida room, 4 bedrooms, 2 ½ baths, kitchen and dining room, also including a garage for art therapy classes and exercise equipment; also a back outside deck). Individuals are allowed full use of the facility. To date, an Investigator has not been trained who will formally conduct investigations. PLAN OF ACTION: The Provider will continue to register staff (Executive Assistant, Case Manager, and Program Manager) for the trainings on Navigating CHRIS. Also, a Quality Assurance Specialist has been hired to review cases on an ongoing basis (weekly) to assist in explaining and ensuring the correct procedures are implemented regarding entering data into the CHRIS database. The staff responsible for entering data into CHRIS will meet with the Quality Assurance Specialist, bi-weekly, to review the system and procedures for Navigating through the system. The Executive Assistant will participate in the	

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			next scheduled training session in order to facilitate the correct procedures for Investigations. OLR) Accepted 05/06/2022	
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, neglect, or exploitation occurred;	N	Monza Drive This regulation was NOT MET as evidenced by: • Upon review of CHRIS entry A-20220003, the provider's investigation began on 2/26/2022 and the provider's findings were entered 3/24/2022. 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) 05/04/2022 **PLAN OF ACTION:** Staff (Program Manager and Executive Assistant) will enter data as required within the 10 working days timeframe. A calendar reminder has been established and set up to ensure that tasks are completed on time, as required. In addition, the Executive Assistant is scheduled to take the Investigator's training. OHR/OLR) Accepted 05/05/2022	6/9/2022
12VAC35-115-50. B. (2) - In receiving all	N	Monza Drive	PR) 05/04/2022	6/9/2022

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services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.		This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. • Upon review of CHRIS entry A-20220003, the provider's investigation did not determine neglect; however, took corrective action on instructing all staff on the relocation of all vehicle keys to a more secure location (double locked). • Per statement from Employee #1 on 3/29/2022, staff reported that the keys were in the desk drawer which was not locked. Individual #1 opened and removed the keys out of the desk drawer. The keys have always been kept in the desk drawer since opening in 2015 and there was no policy or protocol in place for securing the keys. • Per review of Individual #1's Initial Assessment dated 12/1/2021, the record indicates that Individual #1 has a history of elopement and past incident on 5/24/2021 of stealing a car to elope with peers. Based on the preponderance of evidence, the provider failed to ensure the health and safety of Individual #1.	**PR:** On 2/26/22 when the incident occurred, the Provider entered the information into the CHRIS database within 4 hours after the occurrence. Because the individual was neither abused, neglected nor suffered an injury, the incident was submitted to the Office of Licensing. However, on 3/9/2022, the OHR Advocate telephoned the Provider, stating potential neglect. The investigation was accepted and did not prove neglect, but the OHR Advocate said because the youth was AWOL from the facility for 30 minutes the incident should have still been reported to OHR. Therefore, after talking with the OHR on 3/10/22. The Provider then re-entered the information into CHRIS under in the OHR section, thus causing a late entry. Because of the individual stormed into the office and attacked the staff on duty, resulting in taking the vehicle keys from the desk drawer which has been the procedure since 2015, the Provider decided to change and implement a new security measure for vehicle keys. **ROOT CAUSE ANALYSIS:** Due to the Coronavirus pandemic in 2020 and 2021, the Program lost the four staff members who were knowledgeable of the CHRIS database system. Since then, two staff have been taking the CHRIS trainings, in an attempt, to understand and navigate the database system. However, the Provider was under the misconception that because the youth was not abused, neglected, or injured, that the information only had to be submitted to the Office of Licensing. Staff still do not fully understand the requirements of the system. Because the individual had a history of elopement and a previous incident of stealing a	

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			vehicle, an immediate plan should have been implemented to prevent the occurrence of the incident. Only the theft of vehicles can be avoided with more secure measures; however, the avoidance of elopement cannot be avoided as the facility is not a locked down facility. The group home is in a regular house, in a residential neighborhood. The ratio of staff per residents is 1:4, with 2 floors and staff conduct 30-minute observation periods, checking on each resident (living room, family room, Florida room, 4 bedrooms, 2 ½ baths, kitchen and dining room, also including a garage for art therapy classes and exercise equipment; also a back outside deck). Individuals are allowed full use of the facility. To date, an Investigator has not been trained who will formally conduct investigations. **PLAN OF ACTION:** The Provider will continue to register staff (Executive Assistant, Case Manager, and Program Manager) for the trainings on Navigating CHRIS. Also, a Quality Assurance Specialist has been hired to review cases on an ongoing basis (weekly) to assist in explaining and ensuring the correct procedures are implemented regarding entering data into the CHRIS database. The staff responsible for entering data into CHRIS will meet with the Quality Assurance Specialist, bi-weekly, to review the system and procedures for Navigating through the system. The Executive Assistant will participate in the next scheduled training session in order to facilitate the correct procedures for Investigations.	

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			OHR/OLR) Accepted 05/05/2022 OHR response: Provider was given guidance on reporting elopements via telephone on 3/29/2022 and via email on 4/5/2022 by OHR. Provider may contact OHR if additional guidance is needed.	

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