DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-30-2023**
Program Type/Facility Name: **14-008 3830 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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.		7/30/2023

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

Date of Inspection: **05-30-2023**
Program Type/Facility Name: **14-008 3830 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-230. 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 the CHRIS entry A-20230001 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. ◦ The investigative findings were due on 3/30/2023; however, the investigation results have not been completed as evidence by CHRIS. ◦ Human rights advocate has made numerous attempts to contact the provider and instruct them to enter their investigative findings.	PR) 06/29/2023 **PR:** The Provider felt that the report given was final when the individual was arrested by the CCPD for assault, transported to the CC Juvenile Center, and discharged from the home. Immediately after entry of the data, the individual staff person who enters the data was hospitalized. To date, even with numerous interviews, there still is only one individual who can navigate the CHRIS data system. **ROOT CAUSE ANALYSIS:** Not having enough personnel knowledgeable to navigate the CHRIS data system. For the past two years, the Provider has attempted to hire additional staff in order to avoid and resolve this issue. However, this has not been successful. **PLAN OF ACTION:** Once again, the plan is that a new employee has been interviewed and soon is to be hired to assist with alleviating this problem of having only one person being able to complete this process. . This individual we begin training as soon as completion of the background check and hired. OHR/OLR) Accepted 07/10/2023	7/30/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-30-2023**
Program Type/Facility Name: **14-008 3830 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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