DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-03-2024**
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.		

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12VAC35-115-175. C. (8) - Upon receipt of a complaint, providers shall: 8. Report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate.	N	Monza Drive This regulation was NOT MET as evidenced by: "Upon receipt of a complaint, providers shall: Report the director's decision and action plan within 10 working days to the individual, authorized representative, if applicable, and human rights advocate." Upon review of the CHRIS entry C-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 10/26/23. As of 1/3/24, findings have not been entered.	PR) 01/22/2024 As of 11/1/2023 duties have been reassigned to include the office administrator and program director with access to CHRIS reporting so as not to delay reporting in the absence of an assigned party. On 12/5/2023 these reporting procedures were reviewed with House managers . On multiple dates in November (11/7/2023, 11/14/2023) Training was provided on serious incident reporting with a focus on CHRIS reporting and required deadlines, internal serious incident reviews and organizational procedures surrounding investigations. This training will be provided to the Program director, Office administrator and House managers. Staff received training on serious incident reporting on 12/5/2023 to ensure they were knowledgeable of what qualifies as a serious incident and the protocol surrounding reporting. Serious incident report training will occur yearly for every staff member as well as the administrative team. Documentation of these training courses will be collected and filed on site. Serious incidents and status of CHRIS reports will be reviewed weekly by Office administrator and program director. Documentation of these meetings will be documented. OHR/OLR) Accepted 01/30/2024	1/22/2024

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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.

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

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