License #: **1266-14-009**
Organization Name: **Rest Assured, LLC**

Date of Inspection: **04-21-2022**
Program Type/Facility Name: **14-009**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	This regulation was NOT MET as evidenced by: The last staff annual performance evaluation for Employee #2 was dated12/15/2019	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the Coronavirus pandemic. During 2020 – 2021, as a result of the CDC mandate, many resources were unavailable to conduct basic services required for certification and/or recertification. The main focus of the country during those critical times was the life, health, and safety of the people. All gatherings were suspended/prohibited until the country was determined safe again. Individual #1 last annual performance evaluation was conducted 12/15/2019. The next scheduled evaluation was scheduled 12/15-20/2020 **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact where necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing; however, with the exception od Individual #1, all other employees received a performance evaluation on December 15, 2021. **PLAN OF ACTION:** Beginning May 15, 2022, the Executive Assistant will begin reviewing employee records in order to update all files in	6/10/2022

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			order to access what documents, certifications, and/or recertifications are required. The review of employee files should be completed by June 10. 2022. OLR) Not Accepted 05/19/2022 The provider needs to state when Employee #2's annual performance evaluation has taken place since 12/15/2019. PR) 06/07/2022 PR: The staff's last annual performance evaluation for Employee # 2 was conducted on December 15, 2021. OLR) Accepted 06/13/2022	
12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	This regulation was NOT MET as evidenced by: The professional certification for Employee #1 for QMHP-C expired 6/22/2018.	PR) 05/18/2022 PR: Employee #1 is the only full-time employee on staff. The Owner and Executive Assistant will schedule a meeting with the employee to determine why he elected not to be recertified as a QMHP. OLR) Not Accepted 05/19/2022 PR) 06/07/2022 PR: Employee #1 will start the recertification process on June 7, 2022 with the Board of Counseling. OLR) Accepted 06/13/2022	6/7/2022
12VAC35-46-310. A. (9) - Required initial	N		PR) 05/18/2022 **PR:** The last 24 months proved to be extremely	6/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
training: 9. All staff shall be trained in any area of quality improvement as identified from the results of the quality improvement plan.		This regulation was NOT MET as evidenced by: There was no documentation showing Employee #1 or #2 have received training concerning quality improvement as identified from the result of the Quality Improvement Plan.	challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality	

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			improvement. OLR) Not Accepted 05/19/2022 The provider needs to show evidence that Employee #1 and #2 have received training in the providers Quality Improvement Plan. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The document submitted does not include any mention of quality improvement. The document submitted does not have any signatures or names. It is a blank document. PR) 06/28/2022 PR: Attached are the signed Orientation forms for Employees #1 and #2. Effective May 14, 2022, Staff Development and Training resumed and each month sessions will be held either in person and/or virtually to ensure staff receives training in areas concerning quality improvement. OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (1a) - Required annual	N		PR) 05/18/2022	6/10/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1a. Alerting emergency personnel and sounding alarms;		This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual training for alerting emergency personnel and sounding alarms.	**PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule	

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			to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to provide evidence that Employee #1 and #2 have received training for alerting emergency personnel and sounding alarms. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The document submitted does not have any signatures or names. It is a blank document. PR) 06/28/2022 **PR:** Attached are the signed Orientation Training forms signed by the employees, as requested. In the event of an emergency evacuation, staff has been trained in the process to conduct a fire drill/emergency evacuation each month, on a different shift/time (see attached forms). Also, there is an Emergency Disaster Kit that is prepared in the event evacuation is required.	

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			Overnight shift staff checks the kit each month to ensure that supplies have not expired. Because all DSP staff are part-time, this constitutes an ongoing training process to keep them informed and aware of what is required. OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (1b) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual training for Implementing evacuation procedures, including evacuation of residents with special needs	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing; however, with the exception of Individual #1, all other employees received a performance evaluation on December 15, 2021. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all	6/10/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence that Employee #1 and #2 have received training concerning implementing evacuation procedures, including evacuation of residents with special needs. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The document submitted does not have any signatures or names. It is a blank document. PR) 06/28/2022 PR: Signed Orientation Training forms as requested.	

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			OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (1c) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1c. Using, maintaining, and operating emergency equipment;	N	This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual training for using, maintaining, and operating emergency equipment.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained	6/10/2022

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			and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence that Employee #1 and #2 have received training for using, maintaining, and operating emergency equipment. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The document submitted does not have any signatures or names. It is a blank document. PR) 06/28/2022 **PR:** The only emergency equipment maintained at the facility are the fire extinguishers and smoke detectors. Attached is the form used to check and register the fire extinguishers (one on each floor). Overnight staff checks the fire extinguishers each month and records them on the log sheet. The smoke detectors are battery operated and batteries are replaced by Maintenance as soon as the first squeak is	

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			heard. Staff contact Maintenance to replace batteries. In the event of an emergency evacuation, staff has been trained in the process to conduct a fire drill/emergency evacuation each month, on a different shift/time (see attached forms). Also, there is an Emergency Disaster Kit that is prepared in the event evacuation is required. Overnight shift staff checks the kit each month to ensure that supplies have not expired. OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (1d) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1d. Accessing emergency information for residents including medical information;	N	This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual training for accessing emergency information for residents including medical information.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training	6/10/2022

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			sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence that Employee #1 and #2 have received training concerning accessing emergency information for residents including medical information. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. The OL failed to review the Individual Face Sheet Book which includes all emergency information, resources, and medical information on each individual resident. OLR) Not Accepted 06/13/2022 This citation is in reference to employee's	

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			personnel files and does not reference the individual's files. The document submitted does not have any signatures or names. It is a blank document. PR) 06/28/2022 **PR:** In addition to the residents' charts (3-4" 3-ring Binder), emergency information documents are maintained in an easily accessible binder for all staff, entitled the Facesheet Book. This book has all the pertinent information staff require on each resident (for transportation to/from appointments, medical emergencies, elopements, etc.). This portfolio includes the following documents: a photo, release of information form, placement agreement, an emergency information sheet, and an information sheet that lists guardian, resources, as well as all medical resources (see attached listing). Also included is a copy of the Medication prescribed. Because all Youth Counselors are part-time employees, this format makes it more attainable for staff to assist them with their daily support care to have all the information readily available to them. As this is an essential requirement, it is considered ongoing training. The Program Director reviews and updates the information for each resident at the beginning of each month. Therefore, staff always have updated information on each resident, OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (1e) - Required annual	N		PR) 05/18/2022	6/10/2022

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retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1e. Utilizing community support services.		This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual training for utilizing community support services.	**PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule	

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			to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of Employee #1 and #2 receiving training concerning utilizing community support services. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The documents submitted do not have any signatures or names. It is the same blank document uploaded 3 times. There is still no evidence that the staff received trainings, due to lack of signatures. PR) 06/28/2022 **PR:** In addition to the residents' charts (3-4" 3-ring Binder), emergency information documents are maintained in an easily accessible binder for all staff, entitled the Facesheet Book. This book has all the pertinent information staff require on each resident (for transportation to/from appointments, medical emergencies, elopements, etc.). This portfolio includes the following documents: a photo, release of information form, placement	

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			agreement, an emergency information sheet, and an information sheet that lists guardian, **community resources,** as well as all medical resources (see attached listing). Also included is a copy of the Medication prescribed. Because all Youth Counselors are part-time employees, this format makes it more attainable for staff to assist them with their daily support care to have all the information readily available to them. As this is an essential requirement, it is considered ongoing training. The Program Director reviews and updates the information for each resident at the beginning of each month. Therefore, staff always have updated information on each resident, OLR) Accepted 07/15/2022	
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the	6/10/2022

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			residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility. **PLAN OF ACTION:** Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence that Employee #1 and #2 have received retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention. PR) 06/07/2022 PR: By 6/30/2022, all staff will be required to take the online training for Mandatory Reporting.	

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			OLR) Accepted 06/13/2022 Once staff has completed these training, by 6/30/2022, the provider will submit documentation to the LS via a message in the CONNECT system, verifying that these trainings have been completed. If the provider does not submit documentation by July 6, 2022, the provider should expect a new corrective action plan.	
12VAC35-46-310. B. (5) - Required annual retraining: 5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.	N	This regulation was NOT MET as evidenced by: The staff files for Employee #1 and #2 did not contain documentation showing annual retraining on the provider's policies and procedures regarding standard precautions.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, as a result of the CDC mandate, many resources were unavailable and facilities were forced to conduct the basic services. **ROOT CAUSE ANALYSIS:** Due to the COVID-19 pandemic in 2020-2021, even medical facilities were limited to services provided. As a result of the mandate, the Provider concentrated on employees being available to oversee the operations of the program and emphasized minimal contact was necessary in order to avoid potential exposure. Mid 2021, the country began to re-open, emphasizing vaccination. Initially, the age for youth who could be vaccinated was 16 years old. At that time the residents at the facility were underage and were constantly exposed to the virus (every other week the residents were sent home from school and had to be quarantined for 14 days). Thus, the Provider still maintained social distancing and did not schedule group meetings and/or training sessions, especially since the meetings and sessions are held in the group home facility.	6/10/2022

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			PLAN OF ACTION: Effective February/March 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing, as well as expired certifications. Maintain ongoing policies and procedures. Staff will be notified and began scheduling recertifications. In addition, the Program has since hired a Quality Assistance Specialist to oversee that all files are maintained and updated. Also, the Executive Assistant, Quality Assurance Assistant and the Program Director will develop a monthly training schedule to ensure refresher sessions for quality improvement. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence that Employee #1 and # 2 have received training regarding standard precautions. PR) 06/07/2022 PR: All staff receives three (3) four-hour orientation/training/shadowing sessions before being scheduled to work. OLR) Not Accepted 06/13/2022 The provider did not submit any evidence that these trainings have been completed by Employee #1 or #2. The provider needs to provide documentation with Employee signatures in order to verify standard precautions training has been completed.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 06/28/2022 PR: Effective May 14, 2022, Staff Development and Training resumed and will continue monthly either in-person and/or virtually for retraining on the policies and procedures regarding standard precautions. Sessions on Site Supervision, Behavioral Management, Elopement, Suicide Prevention, Medication Administration, etc. will be conducted. OLR) Accepted 07/15/2022	

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12VAC35-46-310. C. - Each full-time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties.	N	This regulation was NOT MET as evidenced by: Staff files for Employee #2 did not have 15 hours of additional annual training applicable to their job duties.	PR) 05/18/2022 **PR:** Employee #2 is a part-time employee. All part-time employees are required to have only 7 hours of additional training applicable to the job duties. **ROOT CAUSE ANALYSIS:**: Due to the COVID-19 pandemic, all group gatherings were suspended/prohibited until the Country was determined safe again. **PLAN OF ACTION:** Effective in May, the provider will begin scheduling Monthly Staff Development Meetings and Trainings. These in-service trainings are conducted once a month (1 -2 hours) to ensure staff have the competencies to perform their job duties. (See attached schedule of previous trainings held. A new schedule is being developed) The first training was held May 14, 2022 on Boundaries. OLR) Partially Accepted 05/19/2022 The provider needs to submit their updated training schedule for 2022. PR) 06/07/2022 PR: Attached is the Staff Development and Training Schedule. Employee #2 is a part-time employee and is required 9only 7 hours of additional training applicable to the job duties. OLR) Accepted 06/13/2022	5/14/2022
12VAC35-46-310. E. - Training provided shall be comprehensive and	N		PR) 05/18/2022 **PR:** Prior to scheduling to work a shift, all new	5/14/2022

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based on the needs of the population served to ensure that staff have the competencies to perform their jobs.		This regulation was NOT MET as evidenced by: Staff #1 and #2 did not have documentation in their files showing they received comprehensive training based on the needs of the population served to ensure that staff have the competencies to perform their jobs.	hire employees receive three 4-hour orientation training sessions in which they shadow the staff on duty at the time. In addition to this shadowing process, new hires receive an Employee Handbook, providing an overview of the policies and procedures, rules and regulations, and a full overview of the program. New hires also sign the form indicating that they received the Employee's Handbook. While going through the orientation/training sessions, new hires also sign the Orientation and Training Checklist form which lists all the topics discussed during this basic orientation of the facility. **ROOT CAUSE ANALYSIS:**: Due to the COVID-19 pandemic, all group gatherings were suspended/prohibited until the Country was determined safe again. Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining personnel files. **PLAN OF ACTION:** Effective in May, the provider will begin scheduling Monthly Staff Development Meetings and Trainings. These in-service trainings are conducted once a month (1-2 hours) to ensure staff has the competencies to perform their job duties. (See attached schedule of previous trainings held. A new schedule is being developed) The first training was held on May 14, 2022, on Boundaries. Also, effective February 18, 2022, the Executive Assistant began reviewing personnel files to chart all relevant documents missing. In addition, the Program has hired a Quality Assistance Specialist to oversee that all files are maintained and updated. OLR) Not Accepted 05/19/2022	

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			The provider needs to submit evidence that Employee #1 and #2 have received comprehensive training based on the needs of the population served to ensure that staff have the competencies to perform their jobs. PR) 06/07/2022 PR: All staff receives three 4-hour orientation/training sessions prior to being scheduled to work. In addition, each employee receives and signs for an Employee Handbook which ensures they have had training and to review all policies and procedures. OLR) Not Accepted 06/13/2022 The provider has still not submitted evidence that Employee #1 and #2 have received comprehensive training based on the needs of the population served to ensure that staff have the competencies to perform their jobs. PR) 06/28/2022 PR: Attached are the signed Orientation Training forms for Staff #1 and #2, as requested. OLR) Accepted 07/15/2022	
12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water	N	This regulation was NOT MET as evidenced by:	PR) 05/18/2022 **PR:** The Executive Assistant met with the Program Director resulting in information that the residents complained that with a full house the	7/1/2022

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temperatures shall be maintained between 100°F and 120°F.		The temperature at the kitchen faucet and upstairs hallway bathroom faucet both read by thermometer as 134 degrees Fahrenheit.	water quickly becomes cold. Therefore, maintenance had increased the temperature. **PLAN OF ACTION:** To prevent scalding from running water, maintenance reduced the temperature of the hot water heater between 100 and 120 degrees F. OLR) Partially Accepted 05/23/2022 The provider needs to submit the form that will be used to show evidence that the provider is regularly checking the homes water temperature. PR) 06/07/2022 PR: The Plan of Action is the same as indicated for the Girls' Home (1266-14-008) which was accepted. To prevent scalding from running water, maintenance has reduced and will maintain the temperature of the hot water heater between 100 and 120 degrees F. OLR) Not Accepted 06/13/2022 The provider did not submit the form that was requested by the LS that will ensure steps have been taken to monitor the temperature of water at this home. PR) 06/28/2022 **PR:** Maintenance reset the Hot Water Heater to register no higher than 125 degrees. In addition, an infrared thermometer was purchased to measure the water temperature each month. A	

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			reading form was developed and Maintenance will read and record the water temperature each month, between the 1st and 5th of every month. OLR) Accepted 07/15/2022 Per regulation water temperature should never go above 120 degrees F.	
12VAC35-46-680. B. - Documentation that the provider has sent copies of all serious incident reports regarding any child placed through the Interstate Compact to the administrator of the Virginia Interstate Compact on the Placement of Children shall be kept in the resident's record.	N	This regulation was NOT MET as evidenced by: There was no documentation in Individual #2's file showing copies of the serious incident report from 11/13/2021 was sent to the placement agency.	PR) 05/18/2022 PR: The OL indicated no documentation was in Individual #2's file that the SIR from 11/13/2021n was sent to the placement agency. However, in addition to the report being emailed to the placement agency within 24 hours, it is also included with the Monthly Progress Reports. Unsure how the OL overlooked the inclusion on the report. OLR) Partially Accepted 05/19/2022 Please submit evidence that the SIR from 11/13/2021 was sent to the placement agency within 24 hours. PR) 06/07/2022 PR: In reviewing the Monthly Progress Reports, the OL would note that the SIR was submitted to the Placement Agency. OLR) Not Accepted 06/13/2022 The provider did not submit the evidence the LS requested.	6/28/2022

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			PR) 06/28/2022 **PR:** Attached is the Serious Incident Report that was sent to the resident's worker via email. In addition, the same report was included in the November Monthly Progress Report submitted to the Placement Agency. OLR) Accepted 07/15/2022	
12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports.	6/30/2022

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			OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 Attached Quarterly Reports as requested. OLR) Accepted 07/15/2022	
12VAC35-46-750. E. (2) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 2. Family's involvement;	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among	6/28/2022

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			her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 PR: As requested, attached are the QPRs for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. E. (3) - There shall be a documented quarterly	N		PR) 05/18/2022 **PR:** The last 24 months proved to be extremely	6/28/2022

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review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 3. Continuing needs of the resident;		This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report	

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			for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 PR: An requested, attached are the QPRs for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. E. (4) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 4. Resident's progress towards discharge;	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022	6/28/2022

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			The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 PR: As requested, attached are the Quarterly Progress Reports for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. E. (5) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 5. Status of discharge planning.	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's	6/28/2022

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			Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 **PR:** As per LS's request, attached are the Quarterly Progress Reports for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. F. - Each plan and quarterly progress report shall	N		PR) 05/18/2022 **PR:** The last 24 months proved to be extremely	6/28/2022

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include the date it was developed and the signature of the person who developed it.		This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report	

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			for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 **PR:** As per LS's request, attached are the Quarterly Progress Reports for Individuals #1 and #2.**PR:** As per LS's request, attached are the Quarterly Progress Reports for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. G. - Staff responsible for daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly	6/28/2022

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			Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed. PR) 06/07/2022 PR: Attached are the requested documents. OLR) Partially Accepted 06/13/2022 The provider did not submit the quarterly report for Individual #1 for 8/2/2021-22/2/2021. PR) 06/28/2022 **PR:** As per LS's request, attached are the Quarterly Progress Reports for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-750. H. (1) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 1. The resident;	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22. Previous quarterly reports did now show evidence of the resident being involved in the development of the quarterly progress reports.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new	7/1/2022

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			management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed with input from the individuals receiving supports. PR) 06/07/2022 PR: Quarterly Reports are a summary of the previous three Monthly Progress Reports outlining the progress made by the resident. This report shows what progress has been made or has not been made towards the goals and objectives outlined on the individual's CIPOC. The report is submitted by the Program Director and the Program Clinician and does not require the involvement of the individual. The role of the individual's involvement comes into play when developing the next CIPOC to establish if all goals and objectives have been met.	

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			OLR) Not Accepted 06/13/2022 Per this regulation: There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan **and in developing the quarterly progress report: 1. The resident;** The provider needs to state how, when moving forward in their quarterly documentation creation they will include the resident. PR) 06/28/2022 **PR:** The Quarterly Progress Report is a summation of the three previous Monthly Progress Reports to ascertain information regarding the individual's progress towards the goals and objectives of the ISP and CIPOC. The Monthly Progress Reports are a culmination derived from the individual's daily Progres Notes, Case Management Notes, Communication Log books, Daily/Weekly Point Sheets, and the Clinician's Weekly Reports. These documents are submitted on a daily and weekly basis by the Daily Support Staff (Youth Counselors). The Program Director, Clinician, and Case Manager (girls' home) meet weekly to identify and establish the goals and objectives that the staff is responsible for overseeing the daily supervision and care of residents within the program. Additionally, DSP staff are responsible for the daily coordination and execution of the program as outlined by the services offered and report any and all changes and needs to the Program's Director. Administrative Staff reviews individual's Progress	

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			Notebooks on a weekly basis in order to determine each individual's progress. Thus, all staff is involved in developing the reports through accurate and constant documentation. The Placement Agency's involvement initiated with the Application for Admission in which an individual's behaviors and diagnosis are identified. In regards to the Placement Agency becoming involved in developing the Quarterly Progress Report, effective July 1, 2022, the Program will now send reports to the Case Workers requiring their signatures after review. The form will be submitted for signature requests and comments. Effective July 1, the Program will implement the resident's involvement in the submission of the Quarterly Progress Report by way of a meeting to review and discuss the report prior to submission to the Case Worker/Legal Guardian in order to obtain his/her aspect. OLR) Accepted 07/15/2022	
12VAC35-46-750. H. (2) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate,	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22. Previous quarterly reports for Individual #1 and #2 did now show evidence of the resident's family or legal guardian's being involved in the development of the quarterly progress reports.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in	7/1/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
and legal guardian;			maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed with the resident's family or legal guardian being involved in the development of the quarterly progress reports. PR) 06/07/2022 PR: Quarterly Reports are a summary of the previous three Monthly Progress Reports outlining the progress made by the resident. This report shows what progress has been made or has not been made towards the goals and objectives outlined on the individual's CIPOC. The report is submitted by the Program Director and the Program Clinician and does not require the involvement of the resident's family or legal guardian.. The role of the resident's family or legal guardian involvement comes into play when developing the next CIPOC to establish if all goals and objectives have been met.	

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			OLR) Not Accepted 06/13/2022 Per this regulation: **There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate, and legal guardian;** The provider must state how, in the future they will insure the resident's family and legal guardian's involvement in developing the quarterly progress report and how they will document this regulation requirement. PR) 06/28/2022 **PR:** The Quarterly Progress Report is a summation of the three previous Monthly Progress Reports to ascertain information regarding the individual's progress towards the goals and objectives of the ISP and CIPOC. The Monthly Progress Reports are a culmination derived from the individual's daily Progres Notes, Case Management Notes, Communication Log books, Daily/Weekly Point Sheets, and the Clinician's Weekly Reports. These documents are submitted on a daily and weekly basis by the Daily Support Staff (Youth Counselors). The Program Director, Clinician, and Case Manager (girls' home) meet weekly to identify and establish the goals and objectives that the staff is responsible for overseeing the daily supervision and care of residents within the program. Additionally, DSP staff are	

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			responsible for the daily coordination and execution of the program as outlined by the services offered and report any and all changes and needs to the Program's Director. Administrative Staff reviews individual's Progress Notebooks on a weekly basis in order to determine each individual's progress. Thus, all staff is involved in developing the reports through accurate and constant documentation. The Placement Agency's involvement initiated with the Application for Admission in which an individual's behaviors and diagnosis are identified. In regards to the Placement Agency becoming involved in developing the Quarterly Progress Report, effective July 1, 2022, the Program will now send reports to the Case Workers requiring their signatures after review. The form will be submitted for signature requests and comments. Effective July 1, the Program will implement the resident's involvement in the submission of the Quarterly Progress Report by way of a meeting to review and discuss the report prior to submission to the Case Worker/Legal Guardian in order to obtain his/her aspect. OLR) Accepted 07/15/2022	
12VAC35-46-750. H. (3) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22. Previous quarterly	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get a vetted	6/30/2022

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individualized service plan and in developing the quarterly progress report: 3. The placing agency;		reports for Individual #1 and #2 did now show evidence of the placing agencies being involved in the development of the quarterly progress reports.	**ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed with the placing agencies involvement in the development of the quarterly progress reports. PR) 06/07/2022 PR: Quarterly Reports are a summary of the previous three Monthly Progress Reports outlining the progress made by the resident. This report shows what progress has been made or has not been made towards the goals and objectives outlined on the individual's CIPOC. The report is submitted by the Program Director and the Program Clinician and does not require	

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			the involvement of the resident's family or legal guardian.. The role of the resident's family or legal guardian involvement comes into play when developing the next CIPOC to establish if all goals and objectives have been met. OLR) Not Accepted 06/13/2022 Per regulation: **There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 3. The placing agency;** The provider needs to submit how they will ensure, moving forward, the provider will ensure the placing agency is involved in developing the quarterly progress report. PR) 06/28/2022 **PR:** The Quarterly Progress Report is a summation of the three previous Monthly Progress Reports to ascertain information regarding the individual's progress towards the goals and objectives of the ISP and CIPOC. The Monthly Progress Reports are a culmination derived from the individual's daily Progres Notes, Case Management Notes, Communication Log books, Daily/Weekly Point Sheets, and the Clinician's Weekly Reports. These documents are submitted on a daily and weekly basis by the Daily Support Staff (Youth Counselors). The Program Director, Clinician, and Case Manager (girls' home) meet weekly to identify and establish the goals and objectives	

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			that the staff is responsible for overseeing the daily supervision and care of residents within the program. Additionally, DSP staff are responsible for the daily coordination and execution of the program as outlined by the services offered and report any and all changes and needs to the Program's Director. Administrative Staff reviews individual's Progress Notebooks on a weekly basis in order to determine each individual's progress. Thus, all staff is involved in developing the reports through accurate and constant documentation. The Placement Agency's involvement initiated with the Application for Admission in which an individual's behaviors and diagnosis are identified. In regards to the Placement Agency becoming involved in developing the Quarterly Progress Report, effective July 1, 2022, the Program will now send reports to the Case Workers requiring their signatures after review. The form will be submitted for signature requests and comments. OLR) Accepted 07/15/2022	
12VAC35-46-750. H. (4) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 4. Facility staff.	N	This regulation was NOT MET as evidenced by: The file for individual #1 did not have quarterly reports for 8/2/21-11/2/21 and 11/3/21-2/3/22. Individual #2 file was missing the quarterly for 11/1/21-2/2/22. Previous quarterly reports for Individual #1 and #2 did now show evidence of the facility staff being involved in the development of the quarterly progress reports.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new	6/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. OLR) Partially Accepted 05/19/2022 The provider needs to submit evidence that Individual #1 and #2's Quarterly Reports have been completed with the facility staff being involved in the development of the quarterly progress reports. PR) 06/07/2022 PR: Communication via the Staff Daily Communication Logbook, provides the Program Director with information by the facility staff regarding the resident's progress. With the exception of the Director, all other staff are Part-Time. OLR) Partially Accepted 06/13/2022 The provider needs to submit documentation providing evidence that staff is involved in the creation of the the quarterly reports.	

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			PR) 06/28/2022 **PR:** The Quarterly Progress Report is a summation of the three previous Monthly Progress Reports to ascertain information regarding the individual's progress towards the goals and objectives of the ISP and CIPOC. The Monthly Progress Reports are a culmination derived from the individual's daily Progres Notes, Case Management Notes, Communication Log books, Daily/Weekly Point Sheets, and the Clinician's Weekly Reports. These documents are submitted on a daily and weekly basis by the Daily Support Staff (Youth Counselors). The Program Director, Clinician, and Case Manager (girls' home) meet weekly to identify and establish the goals and objectives that the staff is responsible for overseeing the daily supervision and care of residents within the program. Additionally, DSP staff are responsible for the daily coordination and execution of the program as outlined by the services offered and report any and all changes and needs to the Program's Director. Administrative Staff reviews individual's Progress Notebooks on a weekly basis in order to determine each individual's progress. Thus, all staff is involved in developing the reports through accurate and constant documentation. The Placement Agency's involvement initiated with the Application for Admission in which an individual's behaviors and diagnosis are identified. In regards to the Placement Agency becoming involved in developing the Quarterly Progress Report, effective July 1, 2022, the Program will now send reports to the Case	

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			Workers requiring their signatures after review. The form will be submitted for signature requests and comments. Effective July 1, the Program will implement the resident's involvement in the submission of the Quarterly Progress Report by way of a meeting to review and discuss the report prior to submission to the Case Worker/Legal Guardian in order to obtain his/her aspect. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (1) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living;	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who would help the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the	6/30/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to state who has been providing the residents and the parents or legal guardians the support to "understand the effects on the resident of separation from the family and the effect of group home living," while they have been recruiting for a Case Manager. PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living. OLR) Not Accepted 06/13/2022	

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			The provider needs to state who has been providing the residents and the parents or legal guardians the support to "understand the effects on the resident of separation from the family and the effect of group home living," Who does the family keep in touch with when they have questions or concerns? Please state the job position that is currently the "acting" Case Manager, and how do families know this? PR) 06/28/2022 **PR;** Currently, the Program Director has the overall job of being responsible for providing case management services. This individual is the main contact to/for the resident, family/legal guardian, and all resources (community, medical, etc.). Attached are the sample case management notes requested by the LS. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (2) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 2. Assisting the	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who would assist the resident and the family to maintain their relationships and prepare for the resident's future care.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial.	6/30/2022

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resident and the family to maintain their relationships and prepare for the resident's future care;			**ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 wo assist the resident and the family to maintain their relationships and prepare for the residents' future care. PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document,	

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			along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living. OLR) Not Accepted 06/13/2022 The provider needs to state who has been providing the residents and the parents or legal guardians the support to "Assisting the resident and the family to maintain their relationships and prepare for the resident's future care;," Who does the family keep in touch with when they have questions or concerns? Please state the job position that is currently the "acting" Case Manager, and how do families know this? PR) 06/28/2022 **PR;** Currently, the Program Director has the overall job of being responsible for providing case management services. This individual is the main contact to/for the resident, family/legal guardian, and all resources (community, medical, etc.). Attached are the sample case management notes requested by the LS. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (3) - The program of the facility shall be designed to provide case management services. At the time of	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door,	6/30/2022

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the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 3. Utilizing appropriate community resources to provide services and maintain contacts with such resources;		Individual #1 or #2's ,client files, who would be utilizing appropriate community resources to proved services and maintain contacts with such resources.	Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 who would be utilizing appropriate community resources to proved services and maintain contacts with such resources.	

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			PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. OLR) Not Accepted 06/13/2022 Per this regulation: At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 3. Utilizing appropriate community resources to provide services and maintain contacts with such resources; Who does the family keep in touch with when they have questions or concerns since you state that you currently do not have a Case Manager? Please state the job position that is currently the "acting" Case Manager who is addressing the utilization of appropriate community resources to provide services and maintain contacts with such resources. PR) 06/28/2022 **PR;** Currently, the Program Director has the overall job of being responsible for providing case management services. This individual is the main contact to/for the resident, family/legal guardian, and all resources (community, medical, etc.). Attached are the sample case	

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			management notes requested by the LS. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (4) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 4. Helping the resident strengthen his capacity to function productively in interpersonal relationships;	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who would help the resident strengthen his capacity to function productively in interpersonal relationships.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue	5/18/2022

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			advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 who wouldhelp the resident strengthen his capacity to function productively in interpersonal relationships. PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living. OLR) Not Accepted 06/13/2022 The provider needs to state who has been providing the residents support to: Help the resident strengthen his capacity to function productively in interpersonal relationships. Please state the job position that is currently the "acting" Case Manager.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 06/28/2022 **PR;** Currently, the Program Director has the overall job of being responsible for providing case management services. This individual is the main contact to/for the resident, family/legal guardian, and all resources (community, medical, etc.). The Direct Support Staff (Youth Counselors) receive the goals and objectives outlined and provided by the Program Director and the Clinician. Attached are the sample case management notes requested by the LS. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (5) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 5. Conferring with the child care staff to help them understand the resident's needs in order to promote adjustment to group living;	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who would confer with the child care staff to help them understand the resident' needs in order to promote adjustment to group living.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the	6/28/2022

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			void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 who would confer with the child care staff to help them understand the resident' needs in order to promote adjustment to group living. PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			OLR) Not Accepted 06/13/2022 The provider did not respond to the request for documentation showing, the identity of the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who would confer with the child care staff to help them understand the resident' needs in order to promote adjustment to group living. PR) 06/28/2022 PR: Currently, the Program Director is responsible for providing case management services for individuals #1 and #2 at this facility. This individual confers with all parties involved to assist them in understanding each resident's needs. As requested by the LS, attached are the Case Management Notes for Individuals #1 and #2. OLR) Accepted 07/15/2022	
12VAC35-46-780. A. (6) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider shall identify in writing the staff member responsible for providing case management services. Case management	N	This regulation was NOT MET as evidenced by: There was no documentation identifying the staff member responsible for providing case management services in Individual #1 or #2's ,client files, who will work with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family for independent living or for other residential care.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review	6/28/2022

License #: **1266-14-009**
Organization Name: **Rest Assured, LLC**

Date of Inspection: **04-21-2022**
Program Type/Facility Name: **14-009**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
services shall address: 6. Working with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family for independent living or for other residential care.			on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 who will work with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family for independent living or for other residential care. PR) 06/07/2022 PR: The Case Management Notes are included	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living. OLR) Not Accepted 06/13/2022 The provider needs to submit evidence of documentation showing the persons name who is providing case management services for Individual #1 and #2 who will work with the resident and with the family or any placing agency that may be involved in planning for the resident's future and in preparing the resident for the return home or to another family for independent living or for other residential care. PR) 06/28/2022 PR: Currently, the Program Director is responsible for case management services at this facility.This individual works with the residens, the family (if any are involved), and/or the legal guardian (usually the DSS Case Worker). Attached are the case management notes requested by the LS on individuals #1 and #2. OLR) Accepted 07/15/2022	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-780. B. - The provision of case management services shall be documented in each resident's record.	N	This regulation was NOT MET as evidenced by: There was no documentation of case management services in Individual #1 or #2's client files.	PR) 05/18/2022 **PR:** The last 24 months proved to be extremely challenging because of the COVID-19 pandemic. During 2020-2021, the Program lost the Program Director, hired and lost three Program Managers. Provider placed ads in Indeed, iHire, Glass Door, Craig's List, etc. in an attempt to get someone vetted. However, if OL review Daily Progress Notes and psycho-educational group discussion notes, they indicate individual staff responsible for providing case management services. Documentation is also provided in the Staff Communication Log and which staff review on a daily basis and must initial. **ROOT CAUSE ANALYSIS:** Due to the loss of Management staff in 2020 and 2021, the constant transition of just training each new management staff person caused a lapse in maintaining resident report files. Each transition of new management staff resulted in the omission of documents/reports required. Among her numerous other duties, the Owner's Executive Assistant has attempted to fill in the void; however, there has been no one available during the period to fill in to complete this aspect. **PLAN OF ACTION:** A Quality Specialist Assistant has been hired to review the files and will work with the new Case Manager, Program Director and Clinician to assess Monthly Progress Reports to combine/complete missing Quarterly Reports. The provider will continue advertising for qualified staff until all positions are filled. OLR) Not Accepted 05/19/2022	6/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			the provider needs to submit evidence of specific case manager notes for Individual #1 and #2. PR) 06/07/2022 PR: The Case Management Notes are included in a separate section of the resident's chart (notebook). These log sheets indicate the staff member responsible for providing case management services. Each time a service is performed, the staff logs onto the document, along with his/her signature. The program at Rest Assured, LLC is a therapeutic group home, basically a step--down program to help residents to prepare for either reunification, transition to a foster home or prepare for Independent Living. Is the OL requesting copies of the actual notes to be submitted? OLR) Not Accepted 06/13/2022 The LS is requested documents showing Case Management has been occurring. Please submit evidence that Case Management has been occurring, such as contact with families, staff, the individuals being supported, outside agencies, placing agencies or community engagement. Any thing that will confirm that Case Management has in fact been taking place in some form or capacity. Please provide a minimum of 3 Case notes for Individual #1 and Individual #2. PR) 06/28/2022	

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			PR: Per LS's request, attached are Case Management Notes for Individuals #1 and #2. OLR) Accepted 07/15/2022	

General Comments / Recommendations:
LS recommends provider review regulations 12VAC35-46-310, 740 through 765, and 780.

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.

Cynthia Gwinn, Licensing Specialist | (Signature of Organization Representative) | Date

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