DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-15-2023**
Program Type/Facility Name: **14-009 3820 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Collingbourne This regulation was NOT MET as evidenced by: See OHR citation below.		

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12VAC35-115-260. A. (11) - Providers, through their directors, shall: 11. Cooperate with the human rights advocate and the LHRC to investigate and correct conditions or practices interfering with the free exercise of individuals' human rights and make sure that all employees cooperate with the human rights advocate, the LHRC, and the SHRC in carrying out their duties under this chapter;	N	Collingbourne This regulation was NOT MET as evidenced by: Cooperate with the human rights advocate and the LHRC to investigate and correct conditions or practices interfering with the free exercise of individuals' human rights and make sure that all employees cooperate with the human rights advocate, the LHRC, and the SHRC in carrying out their duties under this chapter. Upon review of the CONNECT system: • CAP 1266-14-009, Inspection 112 was submitted to the provider on 12/29/2022 with the deadline to return by 1/23/2023. • On 1/23/2023, the provider returned the CAP and was notified that CAP 1266-14-009, Inspection 112 was partially accepted and the deadline for resubmission was 2/13/2023. • Upon review of CONNECT on 2/14/2023, the CAP 1266-14-009 had not been returned by the deadline of 2/13/203. Employee #1 failed to return CAP 1266-14-009, Inspection 112 by the established deadline of 2/13/2023 which violates this regulation.	PR) 03/09/2023 **PR:** Initially, the CAP was submitted on 2/5/2023 as it was due on 2/7/2023 with specific instructions dictated by the OHR. Unfortunately, the CONNECT system failed to register the data that the cap was entered in addition to deleting the original due date. Usually, the Provider prints out the CAP after enting the response to document compliance. However, on 2/5/2023, Provider was unable to print out the CAP and is still unable to print out to this day what is submitted, which again cannot register proof of compliance. **ROOT CAUSE ANALYSIS:** The provider failed to save and print proof of submission of the original CAP to show that the regulation was not violated. **PLAN OF ACTION:** Going forward, when the Provider is required to enter data into the CONNECT system and there is a glitch in the system that prevents the Provider from printing and providing proof of following directions, the Provider will immediately notify the OHR advocate and its OL Specialist. OHR/OLR) Accepted 03/16/2023	3/9/2023

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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

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

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