DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-13-2023**
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.		
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting	N	Collingbourne This regulation was NOT MET as evidenced by: • Upon review of CHRIS entry A-20230004 on 10/12/2023, the provider was notified of the allegation on 9/12/2023. As of 10/12/2023, the provider has failed to provide the date the investigation began or a written report of the results of the investigation within 10 working days from the date in which the investigation began.	PR) 11/07/2023 Deficiency: Insufficient training in procedures surrounding serious incident reporting, failure to assign a person to complete the duties of Executive Assistant in their absence which include CHRIS reporting. Lack of structure to procedures surrounding internal investigations. Lack of knowledge by the administrative team on deadlines that pertain to CHRIS reporting. Plan of action: As of 11/1/2023 duties have been reassigned to include the office administrator and program director with access to CHRIS reporting so as not to delay reporting in the absence of an assigned party. 11/7 /2023 Training will be provided on serious incident reporting with a focus on CHRIS reporting and required deadlines, internal serious incident reviews and organizational procedures	11/7/2023

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application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;			surrounding investigations. This training will be provided to the Program director, Office administrator and House managers. All staff will be trained on serious incident reporting no later than 11/17/2023, to ensure they are knowledgeable of what qualifies as a serious incident. Details of investigation from 10/24/2023 will be reviewed internally by the administrative team and a full summary will be provided no later than 11/10/2023. Serious incident report training will occur yearly for every staff member as well as the administrative team. Documentation of these training courses will be collected and filed on site. Serious incidents and status of CHRIS reports will be reviewed weekly by Office administrator and program director. Documentation of these meetings will be documented. OHR/OLR) Accepted 11/08/2023	

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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