DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-31-2025**
Program Type/Facility Name: **14-009 3820 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. (1) - Tuberculosis evaluation: 1. At the time of hire or residency at the facility, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #1's and Individual #2's personnel files did not include the required submission of the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	PR) 03/04/2025 Root Cause: At that time, no compliance officer was in place to conduct a review Action: Moving forward, we will provide multiple avenues for new hires that are part of the pre-employment screening that occurs prior to orientation. Employees will not be allowed to start without submitting the required information or without the agency submitting the necessary information for the regulatory agencies. Monitor: The H.R. consultant/ compliance office will review new hire submissions weekly for compliance using an employee record review form and will notify the director when the new hire is cleared to start working OLR) Accepted 03/10/2025	3/4/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. (2) - Tuberculosis evaluation: 2. Each individual shall annually submit the results of a screening assessment, documenting that the individual is free of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #1's personnel file did not include the required annually submission of the results of a screening assessment, documenting that the individual is free of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health.	PR) 03/04/2025 This was cited twice Root Cause: At that time, no compliance officer was in place to conduct a review Action: Moving forward, we will provide multiple avenues for new hires that are part of the pre-employment screening that occurs prior to orientation. Employees will not be allowed to start without submitting the required information or without the agency submitting the necessary information for the regulatory agencies. Monitor: The H.R. consultant/ compliance office will review new hire submissions weekly for compliance using an employee record review form and will notify the director when the new hire is cleared to start working OLR) Accepted 03/10/2025	3/4/2025

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12VAC35-46-300. B. (10) - The records of each employee shall include: 10. A current job description.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's and Employee #2's personnel files did not include a current job description. Please submit updated and appropriate job descriptions for Employee #1 and Employee #2; attach documentation to returned Corrective Action Plan (CAP).	PR) 03/06/2025 At that time, personnel files did not include a current job description. Action: Moving forward, we will provide multiple avenues for new hires that are part of the pre-employment screening before orientation. Employees will sign and date all documentation on or before new hire training. Monitor: The H.R. consultant/ compliance office will review all employees' charts quarterly. The H.R. consultant/compliance office will use an employee record review form. OLR) Partially Accepted 03/10/2025 Please submit updated and appropriate job descriptions for Employee #1 and Employee #2; attach documentation to returned Corrective Action Plan (CAP). PR) 03/28/2025 Attached is the job duties for the employee 1 and 2 OLR) Accepted 04/11/2025	3/5/2025

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12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's personnel file did not include current written references or notations of oral references. Personnel file did contain previous written references and notations of oral references but, they were for Employee #1's previous hire and not current hire as the Program Manager.	PR) 03/06/2025 Root Cause: The personnel file did not include current written references or notations of oral references. Action: Moving forward, we will provide multiple avenues for new hires that are part of the pre-employment screening before orientation. The H.R. consultant/ compliance office will contact all references in writing or by phone after all interviews have been conducted. Monitor: The H.R. consultant/ compliance office will review new hire submissions weekly for compliance using an employee record review form and will notify the director when the new hire is cleared to start working OLR) Accepted 03/10/2025	3/5/2025

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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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include a current annual performance evaluation.	PR) 03/06/2025 Root Cause: The personnel file did not include a current annual performance evaluation Action: Moving forward, the Program Director and house managers will conduct an annual performance evaluation with each employee. This will be submitted to HR for review and done by the hire date of each employee. Monitor: The Program Director and house managers will complete all annual performance evaluation OLR) Accepted 03/10/2025	3/5/2025
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's personnel file did include documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations but, they were dated for 07/07/2020 and 07/10/2020. Employee #1 was first hired with the agency in 2020 but resigned from the agency and was not employed by the provider for some years before being re-hired on 12/10/2024. Employee #1 should have had new child protective services and criminal history background investigations completed at the time of re-hire. Please submit required background checks for Employee #1 and attach submission documentation to returned Corrective Action Plan (CAP).	PR) 03/06/2025 Root Cause: Should have had new child protective services and criminal history background investigations completed at the time of re-hire. Action: Moving forward, we will provide multiple avenues for new hires that are part of the pre-employment screening that occurs prior to orientation. Employees will not be allowed to start without submitting the required information or without the agency submitting the necessary information for the regulatory agencies. Monitor: The H.R. consultant/ compliance office will review employees chart weekly for compliance using an	3/5/2025

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			employee record review form and will notify the director when the new hire is cleared to start working OLR) Partially Accepted 03/10/2025 Please submit required background checks for Employee #1 and attach submission documentation to returned Corrective Action Plan (CAP). PR) 03/28/2025 Attached is the background check for Employee 1. We are waiting for the updated status for the employee. All potential employees background check will be done for starting OLR) Accepted 04/11/2025	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's personnel file did not contain evidence that within 30 days following their start date, they were enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority. No current or up-to-date first aide and cardiopulmonary resuscitation card/certificate was located in Employee #1's personnel file.	PR) 03/06/2025 Root Cause: Employee #1's personnel file did not contain evidence that within 30 days following their start date, they were enrolled in a standard first aid class and a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority. Action: Employee #1's CPR and First Aid training doesn't expire until 08/2026, and the certificate was placed in the file. Moving forward, employees will only have a 30-day grace period to comply. Monitoring: The H.R. consultant will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the certification class. OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (5) - Required initial training: 5. Within 30 days following their begin date, all staff working with residents shall be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's and Employee #2's personnel files did not include the required initial training in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention, completed within 30 days following their begin date.	PR) 03/06/2025 Root Cause: The Review of Employee #1 and Employee #2 did not include the required initial training in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention, completed within 30 days following their begin date. Action: Employee #1's and Employee #2 child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention was completed Monitoring: The H.R. consultant will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the certification. OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (9) - Required initial training: 9. All staff shall be trained in any area of quality improvement as identified from the results of the quality improvement plan.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #1's and Employee #2's personnel files did not include the required initial training in any area of quality improvement as identified from the results of the quality improvement plan, completed within 30 days following their begin date.	PR) 03/06/2025 Root Cause: Personnel files did not include the required initial training in any area of quality improvement as identified from the results of the quality improvement plan, completed within 30 days following their begin date Action: The staff orientation form includes this information under the REQUIRED TRAINING but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This on-going training will be conducted no later than December of each year. Monitoring: The H.R. consultant will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training and assessment. Failure to complete will result in suspension from providing services. OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (1a) - Required annual 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;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual an annual refresher emergency preparedness and response training that shall include: Alerting emergency personnel and sounding alarms.	PR) 03/06/2025 Root Cause: The Risk Manager was unclear on what needed to be completed. Action: The designated person has updated the training attestation to reflect all the required training. Moving forward, any person who is designated for this role will be required to complete all risk training before starting the job assignment. Monitoring: The H.R. Consultant is responsible for monitoring the compliance of this regulation. Monitoring will happen at least quarterly using an employee records review form. OLR) Accepted 03/10/2025	3/5/2025

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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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual an annual refresher emergency preparedness and response training that shall include: Implementing evacuation procedures, including evacuation of residents with special needs.	PR) 03/06/2025 Root Cause: The Review of Employee #2's personnel file did not include documentation of the completion of annual refresher emergency preparedness and response training that shall include Action: The staff orientation form includes this information under the required training but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant / Program Director will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training. Failure to complete the training will result in suspension until training has been completed OLR) Accepted 03/10/2025	3/5/2025

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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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual an annual refresher emergency preparedness and response training that shall include: Using, maintaining, and operating emergency equipment.	PR) 03/06/2025 Root Cause: The Review of Employee #2's personnel file did not include documentation of the completion of annual refresher emergency preparedness and response training that shall include Action: Employee training was completed on 01-25-2025 and has been placed in the file. The staff orientation form includes this information under the required training but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant / Program Director will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training. Failure to complete the training will result in suspension until training has been completed OLR) Accepted 03/10/2025	3/5/2025

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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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual an annual refresher emergency preparedness and response training that shall include: Accessing emergency information for residents including medical information.	PR) 03/06/2025 Root Cause: The Review of Employee #2's personnel file did not include documentation of the completion of annual refresher emergency preparedness and response training that shall include Action: The staff orientation form includes this information under the required training but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant / Program Director will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training. Failure to complete the training will result in suspension until training has been completed OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (1e) - Required annual 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.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual an annual refresher emergency preparedness and response training that shall include: Utilizing community support services.	PR) 03/06/2025 Root Cause: Employee #2's personnel file did not include documentation of the completion of an annual refresher emergency preparedness Action: Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter, and all certificates will be placed in each employee's chart. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the certification. OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual retraining on child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	PR) 03/06/2025 Root Cause: Employee #2's personnel file did not include documentation of the completion of annual retraining on child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention. Action: Employee training was completed on 01-28-2025 and has been placed in the file. The staff orientation form includes this information under the required training but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant / Program Director will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training. Failure to complete the training will result in suspension until training has been completed OLR) Accepted 03/10/2025	3/5/2025

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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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of annual retraining on the provider's policies and procedures regarding standard precautions.	PR) 03/06/2025 Root Cause: The Review of Employee #2's personnel file did not include documentation of the completion of annual retraining on the provider's policies and procedures regarding standard precautions. Action: Annual training certificate was place in employee chart. The staff orientation form includes this information under the required training but will be moved to a new section entitled "Training Modules." Moving forward, an assessment of knowledge will be given to all employees at new hire training and annually thereafter. This ongoing training will be conducted no later than December of each year. Monitoring: The H.R. consultant / Program Director will be responsible for monitoring compliance at least quarterly using an employee record review form. A notification will be sent to the employee if they are out of compliance, and they will be given 30 days to complete the training. Failure to complete the training will result in suspension until training has been completed OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #2's personnel file did not include documentation of the completion of an additional 15 hours of annual training applicable to their job duties.	PR) 03/06/2025 Root Cause: Employee #2's personnel file did not include documentation of the completion of an additional 15 hours of annual training applicable to their job duties Action: The designated person has updated the training attestation to reflect all the required training. Moving forward, any person who is designated for this role will be required to complete all risk training before starting the job assignment. Monitoring: The H.R. Consultant is responsible for monitoring the compliance of this regulation. Monitoring will happen at least quarterly using an employee records review form. OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's face sheet, located in their record, did not include the following required information: gender, race, and religious preference.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's face sheet Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. The face sheet has been updated for individual #2 with the required information. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025
12VAC35-46-750. B. (5) - Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individualized service plan (ISP), located in their record, included all expired projected dates for accomplishing each objective. Review and updated is required for Individual #2's ISP.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025

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12VAC35-46-750. C. - The initial individualized service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individualized service plan (ISP), located in their record, did not include documentation that the ISP has been reviewed within each 90-day period and revised as necessary. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025
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	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individual service plan (ISP), located in their record, did not include a documented quarterly review of Individual #2's progress each 90-day period that reported the: 1. Individual's progress toward meeting the plan's objectives. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individual service plan (ISP), located in their record, did not include a documented quarterly review of Individual #2's progress each 90-day period that reported the: 2. Family's involvement. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025
12VAC35-46-750. E. (3) - 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: 3. Continuing needs of the resident;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individual service plan (ISP), located in their record, did not include a documented quarterly review of Individual #2's progress each 90-day period that reported the: 3. Continuing needs of the individual. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025

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

Date of Inspection: **01-31-2025**
Program Type/Facility Name: **14-009 3820 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. 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	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individual service plan (ISP), located in their record, did not include a documented quarterly review of Individual #2's progress each 90-day period that reported the: 4. Individual's progress towards discharge. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025
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	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #2's individual service plan (ISP), located in their record, did not include a documented quarterly review of Individual #2's progress each 90-day period that reported the: 5. Status of discharge planning. The last documented ISP review for Individual #2 was dated for June 2024.	PR) 03/06/2025 Root Cause: A Review and update are required for Individual #2's ISP. Action: Moving forward, there will be an in-house auditor who will review all intake, orientation, and discharge reports for completeness. All ISPs have been updated as of 02/28/2025. And it will be updated on 05/28/2025 every 90 days. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025

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

Date of Inspection: **01-31-2025**
Program Type/Facility Name: **14-009 3820 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-765. H. (1d) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1d. Reasons for discharge and names of persons to whom the resident was discharged;	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Employee #3's personnel file include a completed discharge summary that was completed no later than 30 days post discharge but, the discharge summary did not include: Names of persons to whom the resident was discharged to.	PR) 03/06/2025 Root Cause: At that time, no compliance officer was in place to conduct a review Action: Moving forward, the resident discharge form was updated with whom the resident will be discharged to Monitor: The compliance officer will conduct monthly reviews of new files, quarterly reviews of old files, and a review of discharges within 2 weeks of the last day the client was discharged OLR) Accepted 03/10/2025	3/5/2025
12VAC35-46-780. B. - The provision of case management services shall be documented in each resident's record.	N	Collingbourne This regulation was NOT MET as evidenced by: Review of Individual #1's and Individual #2's records did not include documentation of the provision of case management services.	PR) 03/06/2025 Root Cause: Individual #1's and Individual #2's records did not include documentation of the provision of case management services. Action: Moving forward, there will be an in-house auditor who will review all intake and orientation. All case management will be done weekly and placed in the resident's chart. Monitor: The compliance officer/ Program Director and House manager will conduct monthly reviews of new files, quarterly reviews of old files, and a review every 90 days OLR) Accepted 03/10/2025	3/5/2025

License #: **1266-14-009**
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General Comments / Recommendations:
The specialist recommends:

Review DBHDS regulations for additional clarity regarding regulations, citations, and compliance.

Regulations for Children's Residential Facilities 12VAC35-46
https://law.lis.virginia.gov/admincode/title12/agency35/chapter46/

Please respond to the Licensing Report on or before the due date.

Please include any relevant documents as attachments for proof of action taken, as applicable.

Please include the following in each citation response:
1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.
2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation.
3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).
4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).

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.

Allison Powers, Licensing Specialist	(Signature of Organization Representative)	Date

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