DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-28-2025**
Program Type/Facility Name: **14-009 3820 Monza Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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.		
12VAC35-115-175. F. (4) - Additional requirements for complaints involving abuse, neglect, or exploitation: 4. The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.	N	Collingbourne This regulation was NOT MET as evidenced by: *The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.* • During the Advocate's monitoring of the CHRIS report A-20250001, the provider failed to provide evidence of a trained investigator for verification April 21, 2025. Based on the Advocate's review, there is a preponderance of evidence to support the violation.	PR) 06/05/2025 Root Cause: The Risk Manager was unclear on what needed to be completed. Action: The Program Manager has updated the training attestation to reflect all the required training. which was completed on May 8, 2025. Moving Forward: The designated person has updated the training attestation to reflect all the required training that was held on May 8, 2025. by Mr. Alonzo Riggins (DBHDS) Moving forward, any person who is designated for this role will be required to complete all risk training prior to starting the job assignment OHR/OLR) Accepted 07/28/2025	6/5/2025

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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