DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1341-14-008**
Organization Name: **RISE UP, LLC**

Date of Inspection: **04-10-2023**
Program Type/Facility Name: **14-008 RISE UP, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1c) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1c. Hearing exam;	N	RISE UP, LLC This regulation was NOT MET as evidenced by: Upon review of files for Individual #1 and Individual #2, there was no proof that either individual has had a hearing exam. Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including a hearing exam.	PR) 06/07/2023 Program Manager will ensure each physical examination report shall include: 1c. Hearing exam . OLR) Accepted 06/15/2023	6/6/2023

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.

Likisha Frazier, Regional Manager | (Signature of Organization Representative) | Date

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