DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2026**
Program Type/Facility Name: **14-008 RISE UP, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (7) - Required initial training: 7. Within 30 days following their begin date, all staff shall be trained on appropriate siting of children's residential facilities, and good neighbor policies and community relations.	N	RISE UP, LLC This regulation was NOT MET as evidenced by: At the time of inspection, review of Employee #1's and Employee #2's personnel files did not include documentation of the following required initial training (within 30 days following their start date): Appropriate siting of children's residential facilities, and good neighbor policies and community relations.	PR) 07/01/2026 A personnel file audit was completed to identify any additional missing training documentation. Any identified deficiencies will be corrected and maintained in accordance with applicable licensing requirements. The Administrator/Program Director will implement a tracking system for all new employee training requirements. The tracking system will include employee start dates, required training topics, completion deadlines, and verification of completed training to ensure all required initial trainings are completed within the required timeframe. Supervisory staff will review employee training records monthly to ensure compliance and prevent future occurrences. OLR) Accepted 07/06/2026	7/2/2026
12VAC35-46-310. A. (9) - Required initial training: 9.The provider shall carry out targeted staff training in any area of quality improvement as identified from the results of the quality improvement plan.	N	RISE UP, LLC This regulation was NOT MET as evidenced by: At the time of inspection, review of Employee #1's and Employee #2's personnel files did not include documentation of the following required initial training: Targeted staff training in any area of quality improvement as identified from the results of the quality improvement plan.	PR) 07/01/2026 A personnel file audit was completed to identify any additional missing training documentation. Any identified deficiencies will be corrected and maintained in accordance with applicable licensing requirements. The Administrator/Program Director will implement a tracking system for all new employee training requirements. The tracking system will include employee start dates, required training topics, completion deadlines, and verification of completed training to ensure all required initial trainings are completed within the required timeframe. Supervisory staff will review employee training records monthly to ensure compliance and prevent future occurrences OLR) Accepted 07/06/2026	7/2/2026

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12VAC35-46-710. B. (4) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 4. The protection needs of the prospective resident;	N	RISE UP, LLC This regulation was NOT MET as evidenced by: At the time of inspection, review of Individual #1's and Individual #2's records did include an application for admission, but the required section documenting the protection needs of the prospective resident was left blank and not fully completed by staff.	PR) 07/01/2026 Upon review of the identified deficiency, it was determined that the required application for admission was present in Individual #1's and Individual #2's records; however, the section documenting the protection needs of the prospective residents had not been completed. Staff immediately reviewed the missing information and obtained the necessary responses to ensure the protection needs section was completed and accurately reflected each resident's needs. Staff were reminded of the importance of completing all required sections of the admission application prior to finalizing admission documentation. A review of current resident records was completed to ensure required admission information was present and properly documented. Moving forward, supervisory staff will review all admission packets prior to finalization to verify that all required sections, including protection needs documentation, are completed and maintained in the resident record. OLR) Accepted 07/06/2026	7/2/2026

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12VAC35-46-710. B. (6) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 6. The behavior support needs of the prospective resident;	N	RISE UP, LLC This regulation was NOT MET as evidenced by: At the time of inspection, review of Individual #1's record did include an application for admission, but the required section documenting the behavior support needs of the prospective resident was left blank and not fully completed by staff.	PR) 07/01/2026 Upon review of the identified deficiency, it was determined that the required application for admission was present in Individual #1's records; however, the section documenting the protection needs of the prospective residents had not been completed. Staff immediately reviewed the missing information and obtained the necessary responses to ensure the protection needs section was completed and accurately reflected each resident's needs. Staff were reminded of the importance of completing all required sections of the admission application prior to finalizing admission documentation. A review of current resident records was completed to ensure required admission information was present and properly documented. Moving forward, supervisory staff will review all admission packets prior to finalization to verify that all required sections, including protection needs documentation, are completed and maintained in the resident record. OLR) Accepted 07/06/2026	7/2/2026

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General Comments / Recommendations:
The specialist recommends the following:

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).

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.

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