DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **14944-14-008**
Organization Name: **Andrea's Home, LLC**

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

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (1) - There shall be evidence of a structured program of care designed to: 1. Meet each resident's physical and emotional needs;	N	This regulation was NOT MET as evidenced by: The provider failed to ensure appropriate emergency services and clinical intervention for Individual #1, a minor child with a known history of substance abuse following the child's unauthorized elopement from the facility. Individual #1 returned to care, however; the provider failed to obtain immediate medical and mental health assessment services to determine whether the child had engaged in substance use or required emergency clinical intervention while absent from supervision. Given the child's documented substance abuse history and the inherent safety risks associated with elopement, the provider should have sought prompt medical evaluation, including a mental assessment, to ensure the child's physical safety and emotional stability.	PR) 05/13/2026 The provider acknowledges that following Individual #1's unauthorized elopement and subsequent return to care, immediate medical and mental health assessment services were not obtained to assess for possible substance use, emotional instability, or need for emergency clinical intervention. Although the resident was returned safely to the program, the provider recognizes that additional clinical assessment measures should have been initiated due to the resident's documented history of substance abuse and associated safety risks. To correct the deficient practice specific to this violation, the provider immediately reviewed the incident with administrative and clinical staff and implemented a requirement that any resident returning from an unauthorized absence with known substance abuse history, behavioral health concerns, or suspected exposure to unsafe environments shall receive prompt medical and/or mental health assessment services as clinically indicated. The provider has also ensured that the resident's treatment team documentation now reflects post-elopement assessment procedures and follow-up monitoring requirements. Plan of Action / Systemic Changes: The provider will implement the following systemic corrective actions to minimize the likelihood of recurrence: • Revise the AWOL/Elopement Policy and Procedure to include mandatory post-return clinical assessment protocols for all residents	6/15/2026

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			identified as high risk due to substance abuse, mental health instability, suicidal ideation, or other behavioral health concerns. • Develop and implement a Post-Elopement Assessment Checklist to ensure staff complete and document: Immediate safety assessment Screening for suspected substance use Behavioral/emotional status review Notification of guardians/case managers Determination of need for emergency services or crisis intervention • Conduct retraining for all direct care staff, QMHPs, and supervisory personnel regarding: Emergency response expectations following elopement Indicators requiring emergency medical or psychiatric evaluation Documentation and reporting requirements Clinical escalation procedures • Ensure on-call supervisory staff review all unauthorized absence incidents immediately upon the resident’s return to determine whether emergency medical, psychiatric, or crisis services are warranted. Monitoring Plan: • The provider will conduct weekly chart reviews for all unauthorized absence incidents for a period of 90 days to ensure compliance with post-return assessment procedures and documentation requirements. • Following the initial 90-day period, monthly	

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			quality assurance audits will be conducted for continued compliance monitoring. • Monitoring will include review of: Incident reports Nursing/clinical follow-up documentation Guardian and case manager notifications Evidence of emergency or clinical assessment referrals when indicated Position Responsible for Monitoring: The Program Director and Qualified Mental Health Professional (QMHP) Supervisor will be responsible for monitoring implementation and ongoing compliance with the corrective action plan. Planned Completion Date: June 15, 2026 OLR) Accepted 05/15/2026	

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General Comments / Recommendations:
Please respond to the CAP on or before the due date. If you should have any questions or require further assistant, please contact me via CONNECT or at 804-393-0663.

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.

Donna Ross, Licensing Specialist	(Signature of Organization Representative)	Date

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