

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 2

License #: 15228-14-008

Organization Name: True North Pathways LLC

Date of Inspection: 10-27-2025

Program Type/Facility Name: 14-008 621 Hazelhurst Ave Richmond, VA 23222

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	621 Hazelhurst Ave Richmond, VA 23222 This regulation was NOT MET as evidenced by: Upon review of the provider's physical environment, the provider failed to keep the bathtub properly maintained. Review of Bathroom #1 (near other bedrooms) revealed the bathtub was peeling and requires maintenance.	PR) 10/28/2025 CAP Response – Bathtub Maintenance (12VAC35-46-590.B) Root Cause: True North Pathways did not identify the peeling condition of the bathtub during regular facility walkthroughs prior to the inspection. The lack of a formalized preventive maintenance checklist contributed to the oversight. Immediate Corrective Action: On October 28, 2025 the bathtub in Bathroom #1 was resurfaced/repainted to restore a smooth, clean, and safe surface. The area was cleaned and inspected to ensure the repair met sanitation and safety standards. Preventive Action: A Monthly Physical Environment Inspection Checklist has been developed and implemented to ensure all interior and exterior areas, including bathrooms, fixtures, and furnishings, are regularly reviewed for maintenance needs. Any identified issues will be addressed within 48 hours of discovery. Staff will document completion on the maintenance log kept in the staff office. Monitoring Plan: The Program Director will complete and sign the monthly environment checklist and review maintenance logs weekly to confirm timely repairs. Results will be discussed in monthly staff meetings and included in quarterly facility audits.	10/28/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 2 of 2

License #: **15228-14-008**

Organization Name: **True North Pathways LLC**

Date of Inspection: **10-27-2025**

Program Type/Facility Name: **14-008 621 Hazelhurst Ave Richmond, VA 23222**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OLR) Accepted 10/29/2025	

General Comments / Recommendations:

Please make sure to include the following in your Corrective Action Plan response:

1. Please identify the root cause(s) of the violation;
2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist).
4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.
5. Include a date of completion for each corrective action.

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.

Jennifer Thomasson, Regional Manager

(Signature of Organization Representative)

Date

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