License #: **17354-14-008**
Organization Name: **Greater He LLC**

Date of Inspection: **05-19-2026**
Program Type/Facility Name: **14-008 Greater He**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. (1) - Job descriptions. There shall be a written job description for each position that, at a minimum, includes the: 1. Job title;	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Employee #1's file, the provider failed to have evidence of a job description.	PR) 06/02/2026 1. Statement of Issue and Correction The deficiency occurred because the employee's job description was not maintained in the personnel file at the time of the inspection. Upon identification of the deficiency, the employee's job description was obtained, reviewed with the employee, signed, and placed in the personnel record. 2. Systemic Changes Implemented Greater He LLC has revised its hiring and personnel file procedures to require verification that a signed job description is completed and filed before an employee begins independent duties. A Personnel File Checklist has been implemented and will be used during onboarding and periodic personnel file reviews to ensure all required documents are maintained in accordance with DBHDS regulations. 3. Monitoring and Frequency The Chief Administrative Officer will monitor personnel files for compliance. Personnel file audits will be conducted monthly to verify that all required documents, including signed job descriptions, are present and current. Findings will be documented and corrective action will be taken immediately if deficiencies are identified. 4. Completion Date The employee's signed job description was placed in the personnel file on 5/19/2026. The Personnel File Checklist and revised onboarding procedures will be fully implemented by 6/2/2026.	6/2/2026

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Date of Inspection: **05-19-2026**
Program Type/Facility Name: **14-008 Greater He**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			OLR) Accepted 06/09/2026	

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Date of Inspection: **05-19-2026**
Program Type/Facility Name: **14-008 Greater He**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. (2) - Job descriptions. There shall be a written job description for each position that, at a minimum, includes the: 2. Duties and responsibilities;	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Employee #1's file, the provider failed to have evidence of a job description.	PR) 06/08/2026 1. Statement of Issue and Correction The deficiency occurred because the employee's job description was not maintained in the personnel file at the time of the inspection. Upon identification of the deficiency, the employee's job description was obtained, reviewed with the employee, signed, and placed in the personnel record. 2. Systemic Changes Implemented Greater He LLC has revised its hiring and personnel file procedures to require verification that a signed job description is completed and filed before an employee begins independent duties. A Personnel File Checklist has been implemented and will be used during onboarding and periodic personnel file reviews to ensure all required documents are maintained in accordance with DBHDS regulations. 3. Monitoring and Frequency The Chief Administrative Officer will monitor personnel files for compliance. Personnel file audits will be conducted monthly to verify that all required documents, including signed job descriptions, are present and current. Findings will be documented and corrective action will be taken immediately if deficiencies are identified. 4. Completion Date The employee's signed job description was placed in the personnel file on 5/19/2026. The Personnel File Checklist and revised onboarding procedures will be fully implemented by 6/2/2026. OLR) Accepted 06/09/2026	6/2/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. (3) - Job descriptions. There shall be a written job description for each position that, at a minimum, includes the: 3. Minimum education, experience, knowledge, skills, and abilities required for entry.	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Employee #1's file, the provider failed to have evidence of a job description.	PR) 06/08/2026 1. Statement of Issue and Correction The deficiency occurred because the employee's job description was not maintained in the personnel file at the time of the inspection. Upon identification of the deficiency, the employee's job description was obtained, reviewed with the employee, signed, and placed in the personnel record. 2. Systemic Changes Implemented Greater He LLC has revised its hiring and personnel file procedures to require verification that a signed job description is completed and filed before an employee begins independent duties. A Personnel File Checklist has been implemented and will be used during onboarding and periodic personnel file reviews to ensure all required documents are maintained in accordance with DBHDS regulations. 3. Monitoring and Frequency The Chief Administrative Officer will monitor personnel files for compliance. Personnel file audits will be conducted monthly to verify that all required documents, including signed job descriptions, are present and current. Findings will be documented and corrective action will be taken immediately if deficiencies are identified. 4. Completion Date The employee's signed job description was placed in the personnel file on 5/19/2026. The Personnel File Checklist and revised onboarding procedures will be fully implemented by 6/2/2026. OLR) Accepted 06/09/2026	6/2/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Greater He This regulation was NOT MET as evidenced by: Upon plant inspection, the provider failed to maintain the water temperature within regulatory range of 100-120 degrees. The kitchen sink water temperature measured 127.8 degrees.	PR) 06/08/2026 1. Issue and Correction - During the inspection, the kitchen sink water temperature was measured at 127.8°F, which exceeded the required range of 100°F to 120°F. The elevated temperature was caused by the water heater setting being adjusted too high. Upon identification of the deficiency, the water heater thermostat was adjusted to bring the water temperature within the required range. Follow-up temperature readings were taken to verify compliance. 2. Systemic Changes - Greater He LLC has implemented a Water Temperature Monitoring Procedure requiring routine checks of hot water temperatures throughout the facility. Direct Care Staff will be responsible for conducting and documenting weekly water temperature checks to ensure temperatures remain within the required range. A temperature monitoring log has been established to document readings and any corrective actions taken. 3. Monitoring and Frequency - The Direct Care Staff will conduct and document weekly water temperature checks to ensure hot water temperatures remain within the required range of 100°F to 120°F. If a temperature reading exceeds the allowable range, the Direct Care Staff will immediately notify the Chief Administrative Officer for corrective action. Follow-up temperature readings will be obtained and documented to verify compliance. The Chief Administrative Officer will review the temperature log on an ongoing basis to ensure compliance with DBHDS requirements. 4. Completion Date - The water heater was	6/8/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			adjusted and compliance was verified on 5/13/2026. The Water Temperature Monitoring Procedure and temperature log will be fully implemented by 6/8/2026. OLR) Accepted 06/09/2026	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Individual #1's files, the provider failed to have evidence in the face sheet of religious preference. Upon review of Individual #2's file, the provider failed to have evidence in the face sheet of last known residence, birthplace and religious preference.	PR) 06/08/2026 1. Issue and Correction - During the inspection, it was identified that Individual #2's face sheet did not contain the resident's last known residence, birthplace, and religious preference. This information was inadvertently omitted during the admission process. Upon identification of the deficiency, the missing information was obtained and added to the resident's face sheet. 2. Systemic Changes - Greater He LLC has revised its admission review process to ensure all required face sheet information is completed before the resident record is finalized. Admission staff will verify that all required face sheet fields are completed at the time of admission. 3. Monitoring and Frequency - The Chief Administrative Officer will review each new admission file before it is finalized to ensure all required face sheet information is complete and documented. Any missing information identified during the review will be obtained and added to the resident's record immediately. As a second level of review, the Program Director or Owner will review and sign the admission documentation to verify completeness and compliance with licensing requirements before the file is considered complete. 4. Completion Date - The missing information was added to the resident's face sheet on 5/13/26. The revised admission review process was implemented on 6/8/26. OLR) Accepted 06/09/2026	6/8/2026
12VAC35-46-740. - Within three days	N	Greater He	PR) 06/08/2026	6/8/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record.		This regulation was NOT MET as evidenced by: Upon review of Individual #1's file, the provider failed to have evidence of the initial objectives and strategies developed within 3 days of admission. Individual #1 was admitted on 3/26/26 and the initial objectives and strategies is dated 4/1/26.	1. Issue and Correction - During the inspection, it was identified that Individual #1's initial objectives and strategies were not developed within three days of admission as required. This occurred due to an oversight in tracking required admission documentation timelines. Upon identification of the deficiency, the initial objectives and strategies were reviewed and confirmed in the resident's record. 2. Systemic Changes - Greater He LLC has revised its admission procedures to include a tracking process for all required admission documentation and deadlines. An Admission Documentation Checklist has been implemented to ensure initial objectives and strategies are completed within three days of admission and maintained in the resident record. 3. Monitoring and Frequency - The Chief Administrative Officer will review each new admission file within three days of admission to verify that all required admission documentation, including initial objectives and strategies, has been completed within the required timeframe. Any deficiencies identified will be corrected immediately. As a second level of review, the Program Director or Owner will review and sign admission documentation to verify compliance before the file is considered complete. 4. Completion Date - The admission documentation tracking process was implemented on 6/8/2026. Staff responsible for admissions were trained on the revised procedure on 6/1/2026. OLR) Accepted 06/09/2026	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. A. - An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Individual #2's file, the provider failed to have evidence of the date that the initial ISP was created, therefore, unable to determine that the form was created within the 30 days of admission requirement.	PR) 06/08/2026 1. Issue and Correction - During the inspection, it was identified that Individual #2's record did not contain documentation verifying the date the initial ISP was created. Although the initial ISP had been completed within the required timeframe, it was not maintained in the resident's file at the time of inspection. Upon identification of the deficiency, the ISP was located, reviewed, and placed in the resident's record to verify compliance with the 30-day requirement. 2. Systemic Changes - Greater He LLC has revised its record maintenance procedures to ensure all ISP documentation is maintained in the resident's file and readily available for review. Staff responsible for maintaining resident records will verify that all required ISP documentation is filed and dated appropriately upon completion. 3. Monitoring and Frequency - The Chief Administrative Officer will review resident records weekly to ensure all required ISP documentation is maintained in the resident's file and available for review. Any deficiencies identified during the review will be corrected immediately. As a second level of review, the Program Director or Owner will review resident records periodically to verify compliance with licensing requirements. 4. Completion Date - The ISP was reviewed and placed in the resident's file on 5/13/2026. OLR) Accepted 06/09/2026	6/8/2026
12VAC35-46-750. C. (1) - The provider shall	N	Greater He	PR) 06/08/2026	6/8/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
develop and implement written policies and procedures to document progress of the resident toward meeting the ISP goals and objectives that shall include the: 1. Format		This regulation was NOT MET as evidenced by: Upon review of Individual #1 and Individual #2's files, the provider failed to document progress of the resident toward meeting the ISP goals and objectives that shall include the Format, Frequency, and Person responsible. The providers' daily documentation form being utilized by staff at the time of inspection failed to show progress towards ISP goals and objectives.	1. Issue and Correction - During the inspection, it was identified that documentation for Individual #1 and Individual #2 did not include the required elements necessary to demonstrate progress toward ISP goals and objectives, including Goal, Objective, Frequency, and Person Responsible. Upon identification of the deficiency, Greater He LLC reviewed its documentation practices and developed revised behavioral documentation and monthly reporting forms to ensure compliance with regulatory requirements. 2. Systemic Changes - Greater He LLC has implemented a Behavioral Notes form and Monthly Report form designed to document resident progress toward ISP goals and objectives. These forms require staff to document resident progress, interventions, responses, and ongoing goal status. Documentation procedures have been revised to ensure progress toward ISP goals and objectives is consistently documented and maintained in the resident record. 3. Monitoring and Frequency - The Chief Administrative Officer will review behavioral documentation weekly to ensure resident progress toward ISP goals and objectives is documented appropriately. As a second level of review, the Program Director or Owner will conduct monthly reviews of resident documentation and monthly reports to verify compliance with licensing requirements. Any deficiencies identified will be corrected immediately. 4. Completion Date - The Behavioral Notes form and Monthly Report form were implemented on 6/8/2026 . Staff training regarding the revised documentation requirements was completed on	

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			6/1/2026. OLR) Accepted 06/09/2026	
12VAC35-46-750. C. (2) - The provider shall develop and implement written policies and procedures to document progress of the resident toward meeting the ISP goals and objectives that shall include the: 2. Frequency;	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Individual #1 and Individual #2's files, the provider failed to document progress of the resident toward meeting the ISP goals and objectives that shall include the Format, Frequency, and Person responsible. The providers' daily documentation form being utilized by staff at the time of inspection failed to show progress towards ISP goals and objectives.	PR) 06/08/2026 1. Issue and Correction - During the inspection, it was identified that documentation for Individual #1 and Individual #2 did not include the required elements necessary to demonstrate progress toward ISP goals and objectives, including Goal, Objective, Frequency, and Person Responsible. Upon identification of the deficiency, Greater He LLC reviewed its documentation practices and developed revised behavioral documentation and monthly reporting forms to ensure compliance with regulatory requirements. 2. Systemic Changes - Greater He LLC has implemented a Behavioral Notes form and Monthly Report form designed to document resident progress toward ISP goals and objectives. These forms require staff to document resident progress, interventions, responses, and ongoing goal status. Documentation procedures have been revised to ensure progress toward ISP goals and objectives is consistently documented and maintained in the resident record. 3. Monitoring and Frequency - The Chief Administrative Officer will review behavioral documentation weekly to ensure resident progress toward ISP goals and objectives is documented appropriately. As a second level of review, the Program Director or Owner will conduct monthly reviews of resident documentation and monthly reports to verify compliance with licensing requirements. Any deficiencies identified will be corrected	6/8/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			immediately. 4. Completion Date - The Behavioral Notes form and Monthly Report form were implemented on 6/8/2026 . Staff training regarding the revised documentation requirements was completed on 6/1/2026. OLR) Accepted 06/09/2026	
12VAC35-46-750. C. (3) - The provider shall develop and implement written policies and procedures to document progress of the resident toward meeting the ISP goals and objectives that shall include the: 3. Person responsible.	N	Greater He This regulation was NOT MET as evidenced by: Upon review of Individual #1 and Individual #2's files, the provider failed to document progress of the resident toward meeting the ISP goals and objectives that shall include the Format, Frequency, and Person responsible. The providers' daily documentation form being utilized by staff at the time of inspection failed to show progress towards ISP goals and objectives.	PR) 06/08/2026 1. Issue and Correction - During the inspection, it was identified that documentation for Individual #1 and Individual #2 did not include the required elements necessary to demonstrate progress toward ISP goals and objectives, including Goal, Objective, Frequency, and Person Responsible. Upon identification of the deficiency, Greater He LLC reviewed its documentation practices and developed revised behavioral documentation and monthly reporting forms to ensure compliance with regulatory requirements. 2. Systemic Changes - Greater He LLC has implemented a Behavioral Notes form and Monthly Report form designed to document resident progress toward ISP goals and objectives. These forms require staff to document resident progress, interventions, responses, and ongoing goal status. Documentation procedures have been revised to ensure progress toward ISP goals and objectives is consistently documented and maintained in the resident record. 3. Monitoring and Frequency - The Chief Administrative Officer will review behavioral documentation weekly to ensure resident progress toward ISP goals and objectives is	6/8/2026

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			documented appropriately. As a second level of review, the Program Director or Owner will conduct monthly reviews of resident documentation and monthly reports to verify compliance with licensing requirements. Any deficiencies identified will be corrected immediately. 4. Completion Date - The Behavioral Notes form and Monthly Report form were implemented on 6/8/2026 . Staff training regarding the revised documentation requirements was completed on 6/1/2026. OLR) Accepted 06/09/2026	

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 (no names just title of the staff!) 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.

April Vazquez, Licensing Specialist | (Signature of Organization Representative) | Date

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