DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **12-28-2023**
Program Type/Facility Name: **14-008 Belvedere Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (10) - The records of each employee shall include: 10. A current job description.	N	Belvedere Drive This regulation was NOT MET as evidenced by: A record review found no current job description for the case manager staff#2.	PR) 01/02/2024 Updated Job description was placed in employee file that was missing the document. Director will review files quarterly to ensure that all files contain job descriptions that match employee duties. OLR) Accepted 01/03/2024 Job description sent. Job description received.	1/2/2024
12VAC35-46-320. (3) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers, contractors, and students/interns. These policies and procedures shall include: 3. How the supervision will be documented.	N	Belvedere Drive This regulation was NOT MET as evidenced by: A record review found staff #1,2,3, and 4 did not have documentation of supervision.	PR) 01/02/2024 Director has reviewed the current supervision form with licensing reviewer to determine that it does meet the criteria required for documenting on-going supervision. All staff supervising others, including director, will utilize the document to note supervision of all staff a minimum of one time monthly, and certainly more often as occurs. OLR) Accepted 01/03/2024	1/2/2024

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **12-28-2023**
Program Type/Facility Name: **14-008 Belvedere Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. D. (2) - The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 2. Frequency;	N	Belvedere Drive This regulation was NOT MET as evidenced by: A record review for child #1,2, and 3 found progress notes from the last quarter to be incomplete not adequately stating the progress of treatment goals, staff initiating service and other standard information required on the providers developed note form.	PR) 01/02/2024 Director has met with all staff to provide supervision on the importance of complete documentation on progress notes, on all shifts; reviewing and requiring implementation of the procedures that are noted in the 'Policy and Procedure' manual. Staff have been advised to note progress toward goals and state which staff is documenting. OLR) Accepted 01/03/2024	1/2/2024
12VAC35-46-790. - Therapy shall be provided by an individual (i) appropriately licensed by the Department of Health Professions to provide mental health therapy or counseling; or (ii) who is eligible for licensure and working under the supervision of a licensed therapist unless exempted from these requirements under the Code of Virginia.	N	Belvedere Drive This regulation was NOT MET as evidenced by: A record review for child #1,2 and 3 found therapy notes from the last quarter to be incomplete not reflecting which one of the two qualified clinicians actually provided the therapy and the results of the therapy session. The providers standardized form needs to include a narrative of the actual session or point directly to the itemized criteria of the session outlined on the standard therapy form.	PR) 01/02/2024 Licensed Clinician and /or licensed eligible clinician will clearly indicate whether one or both clinicians participated in each session and only one will sign on the document if only one provides therapy. As suggested by licensing reviewer, more detail of session will be provided and available for licensing reviewer with a narrative of each session. OLR) Accepted 01/03/2024	1/2/2024

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **12-28-2023**
Program Type/Facility Name: **14-008 Belvedere Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Belvedere Drive This regulation was NOT MET as evidenced by: A review of the incident report from 12/4/23 involving a staff #1 and child #1 interaction that resulted in a shoulder injury finds staff #1 failed to provide appropriate support and/or implement proper technique for physical crisis intervention. Staff #1 attempted to redirect the child by physically prompting him by touching his elbow when no imminent danger of harm was present. This physical engagement escalated the situation and lead to both the staff and child going to the ground and an injury occurring. All staff need to have training that children should not touched unless there is an impending safety issue. Support not control should be the mindset.	PR) 01/02/2024 A staff meeting is being held on 1/3/2024 to review all pertinent support/supervision provided during licensing review. Policy will be stated that includes the 'no hands on' under any circumstances unless there is imminent threat to safety of an individual. Staff #1, along with all staff was advised the preferred method of how the situation needed to be handled in order to not further escalate the child. All staff need a regular review of how to avoid going 'hands on' by blocking and backing up rather than stopping aggression by physical means. The reasons why we need to avoid any hands on will be discussed in detail regarding building trust, effectively treating trauma, avoiding injuries and un-necessary liability risks. RYS will build the concept of 'support, not control'. Moving forward, 'Safe Crisis Management' will be reviewed quarterly, rather than annually. OLR) Accepted 01/03/2024	1/3/2024

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-008**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **12-28-2023**
Program Type/Facility Name: **14-008 Belvedere Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Christopher Cart, Licensing Specialist	(Signature of Organization Representative)	Date

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