DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1746-14-009**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **12-09-2024**
Program Type/Facility Name: **14-009 Hope Road**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-290. A. - The provider shall have and implement provider approved written personnel policies and make its written personnel policies readily accessible to each staff member.	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider has failed to follow their own policies and procedures as they relate to record reviews, supervision, and case management, in addition group therapy, individual therapy, progress notes and record management policies are either not followed or inadequate to meet the minimum regulations.	PR) 12/17/2024 Clinical Director will be meeting with all staff at noon on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. The meeting will address the standards for correct and complete documentation of all Case Management services, case record reviews, and required supervision of all staff including continuous documentation of said supervision. In addition, staff will review regulations and Gateway policy and procedure to ensure that group and individual therapy are properly administered by qualified staff and documented in the correct manner to be in compliance with regulations. There will also be a thorough review of policy and procedure regarding proper procedure and format for progress notes and record management. The meeting is mandatory and all staff must be in attendance. OLR) Accepted 12/30/2024	12/20/2024

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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	Hope Road This regulation was NOT MET as evidenced by: A review of employee records #2 through #11 finds employee supervision was consistently documented from 1/2024 through 6/2024 however there is no documentation post 6/2024. REPEAT VIOLATION	PR) 12/17/2024 Clinical Director and Child Care Supervisor were providing required supervision sessions per regulations. The ball was dropped regarding the required ongoing documentation of said supervision after June when there was a proposal to change the process and the form on which the supervision had previously been being documented on. It was an oversight that the Clinical Director did not continue with ongoing documentation or provide the new form to Child Care Supervisor to continue documenting throughout the year. The process for moving forward has been reviewed and the format/form for ensuring that all supervision is documented has been provided and is being utilized. OLR) Accepted 12/30/2024	12/20/2024

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12VAC35-46-590. A. - The facility's grounds shall be safe, properly maintained, and free of clutter and rubbish. The grounds include, but are not limited to, all areas where residents, staff, and visitors may reasonably be expected to have access, including roads, pavements, parking lots, open areas, stairways, railings, and potentially hazardous or dangerous areas.	N	Hope Road This regulation was NOT MET as evidenced by: The Hope Road location requires physical plant repairs/attention to the rear egress through the second floor exit via kitchen through the deck filled with debris from the woods and inadequate for egress. Basement egress is through a sunroom with drywall ceiling collapsing and covered in black mold. The smell of black mold is very strong. An Individual complained of mice in the house. The carpet in the rear bedroom closet threshold has significant torn carpet coming up.	PR) 12/17/2024 A licensed building contractor, accompanied by a mold remediation contractor and a roofing company visited the home to review and assess the measures/steps that would need to be taken to resolve the issues that are currently present. The second floor egress will be cleared, cleaned and properly maintained for safe egress at all times. The roofing contractor stated that the gutters need to be cleaned in order to prevent the water from seeping into the area that is causing ceiling drywall to fall. Once that is done the drywall will be repaired and painted. There is no sign of mold. The mold remediation contractor stated that at present, there is mildew and very stale drywall that needs to be replaced. The closet carpet that is torn will be removed and replaced with a tile or linoleum finish. The pest control (extermination company) that is contracted to come on a regular schedule will be contacted by 12/23 24 and made aware of 'mice sightings' to determine what more needs to be done in order to eradicate any potential mice issues. OLR) Accepted 12/30/2024	1/15/2025

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12VAC35-46-625. A. (1) - The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, substance abuse, or brain injury. The provision, intensity, and frequency of mental health, mental retardation, substance abuse, or brain injury interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to: 1. Individual counseling;	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider has failed to demonstrate minimum service requirements as they relate to case management, group therapy, and individual therapy.	PR) 12/17/2024 Clinical Director will be meeting with both Case Managers and therapist at 9a on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. The meeting will address the standards for correct and complete delivery and documentation of all Case Management services, Individual and Group therapy. OLR) Accepted 12/30/2024	12/20/2024

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12VAC35-46-625. A. (2) - The provider shall have and implement written policies and procedures for the on-site provision of a structured program of care or treatment of residents with mental illness, mental retardation, substance abuse, or brain injury. The provision, intensity, and frequency of mental health, mental retardation, substance abuse, or brain injury interventions shall be based on the assessed needs of the resident. These interventions, applicable to the population served, shall include, but are not limited to: 2. Group counseling;	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider has failed to demonstrate minimum service requirements as they relate to case management, group therapy, and individual therapy.	PR) 12/17/2024 Clinical Director will be meeting with both Case Managers and therapist at 9a on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. The meeting will address the standards for correct and complete delivery and documentation of all Case Management services, Individual and Group therapy and daily group counseling. OLR) Accepted 12/30/2024	12/20/2024

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12VAC35-46-660. B. - Each record shall be kept up to date and in a uniform manner.	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider has failed to maintain an adequate records management including up to date and complete information of case management notes/delivery.	PR) 12/17/2024 Clinical Director will be meeting with both case Managers at 9a on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. The meeting will address the standards for correct and complete delivery and documentation of all Case Management services and records. There will also be a thorough review of policy and procedure regarding proper procedure and format for progress notes and record management. OLR) Accepted 12/30/2024	12/20/2024
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider has failed to conduct adequate record reviews including up to date and complete information in multiple areas.	PR) 12/17/2024 Child Care Supervisor will review all individual files to ensure that all required information is provided and up to date. Clinical Director will review all employee files and during the all staff meeting on 12/19 will ensure that all required forms are signed and dated by employees. Moving forward, Case Managers will sign off on all client files after completing quarterly reviews too ensure that the Child Care Supervisor reviews have been completed and signed off on. OLR) Accepted 12/30/2024	12/20/2024

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12VAC35-46-750. D. (1) - 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: 1. Format;	N	Hope Road This regulation was NOT MET as evidenced by: A record review of Individual #1 & #2 finds progress notes are entered consistently but do not include all the required information as outlined in the providers standard for Structured Program of Care Clinical Progress Note. Information missing includes daily activity, case management function and "all" progress on goals outlined in the individual service plan. REPEAT VIOLATION	PR) 12/17/2024 Clinical Director will be meeting with all staff on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. A discussion will ensue that will allow for revision of the format of the daily notes to include all elements of the Structured Program of Care Clinical Progress and ensure all areas are completed on a daily basis. OLR) Accepted 12/30/2024	12/20/2024
12VAC35-46-780. B. - The provision of case management services shall be documented in each resident's record.	N	Hope Road This regulation was NOT MET as evidenced by: A record review of Individual #1 & #2 finds the provider's standard form; the Case Management Log is not signed or indicate the case manager's name. The log does not include all the required information a case manager should do as outlined in the case managers job description for both case managers Employees #4 & #5. A record review of Individual #1 & #2 finds case managers are not adequately documenting required activities Individual records.	PR) 12/17/2024 Clinical Director will be meeting with both Case Managers and therapist at 9a on 12/19/2024 to discuss and review the policies and procedures required to be met in order to be in compliance with all regulations. The meeting will address the standards for correct and complete delivery and documentation of all Case Management services. The Case Manager job description will be reviewed to ensure that Case Managers are including all of the required information and activities as described in job description and that all Case Management logs indicate the Case Managers name and are signed and dated. OLR) Accepted 12/30/2024	12/20/2024

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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	Hope Road This regulation was NOT MET as evidenced by: A record review of Individual #1 & #2 finds provider has been documenting individual therapy consistently however the standardized provider form indicates Employee #1 performed the individual therapy when Individuals #1 & #2 interviewed stated Employee #2 conducted the majority of all therapy. Employe #1 confirmed this to be the situation. Employee #2s record does not have documentation they are registered with the board of Health Care Professions as a therapist under supervision of Employee #1 who is licensed as a therapist by the board of Health Care Professions. REPEAT VIOLATION. A record review of Individual #1 & #2 finds provider has been documenting group therapy weekly when in fact group therapy occurs daily per provider policy and therapy schedule. The weekly documentation is also entered by Employee #3, the house manager at the end of the month and not after each session. The house manager provides the therapy three times per week on average however also documents the therapy conducted by other staff. None of the staff providing group therapy meet the minimum qualifications to conduct group therapy.	PR) 12/17/2024 Licensed Supervisor, employee 1, is now very clear that even though she supervises employee 2, that she is not the one to sign off on therapy. Effective immediately employee 2 will sign as the provider of therapy and employee 1 will sign as the supervisor of employee 2. Documentation of registration under the Health Care Professions is being sent to licensing reviewer via email. Regarding group therapy, there is an issue with terminology/communication. Gateway policy does not state that we delivery daily group therapy. Group therapy is provided weekly. Psycho-educational group 'counseling' is provided daily based on the calendar that is provided by licensed therapist. The house staff do not provide therapy...they provide counseling support during the psycho-educational groups that are geared toward team building, congregate care issues, hygiene, recreational outings, etc. Clinical Director will provide supervision during the staff meeting on 12/19/24 to ensure that all staff know the difference between 'therapy' and 'counseling' and that all such psycho-educational activities are documented correctly (not as therapy) and consistently. OLR) Accepted 12/30/2024	12/20/2024

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12VAC35-46-800. A. (3) - There shall be evidence of a structured program of care designed to: 3. Meet the objectives of any required individualized service plan.	N	Hope Road This regulation was NOT MET as evidenced by: A review of Individual and Employee records finds the provider is falling to provide a structured program of care for inadequate individual therapy, group therapy, case management, supervision, progress notes, record reviews and record maintenance.	PR) 12/17/2024 Clinical Director will review with all staff the Gateway Policy and Procedure for ensuring that all components of individual and group therapy are met, case management meets all requirements, supervision of both staff and residents meets regulation requirements and all progress notes, record reviews and record maintenance are consistent and complete. OLR) Accepted 12/30/2024	12/20/2024

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