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



Investigation ID: **4**
License #: **1746-14-010**
Organization Name: **Gateway Counseling Center**

Date of Inspection: **04-08-2024**
Program Type/Facility Name: **14-010 Rock Hill Church Rd**

| 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 | Rock Hill Church Rd<br><br>This regulation was NOT MET as evidenced by: On April 3, 2024, Employee #2 arrived to the group home and noticed that Employee #1 was pulling back into the group home with no individuals. Employee #2 then went into the group home and discovered that Employee #1 had left Individual #1, Individual #2, and Individual #3 alone in the group home. Provider's internal investigation additionally revealed the following: On the morning of April 3, 2024, Employee #1 was asleep and had to be woke up by an individual, so that Individual #4 and Individual #5 did not miss the bus for school. While Employee #1 drove Individual #4 and Individual #5 to the bus stop, Employee #1 left Individual #1, Individual #2, and Individual #3 alone and unsupervised at the group home for approximately 15 minutes, which is against provider's supervision protocols. Employee #1 failed to provide breakfast to Individual #4 and Individual #5 before taking them to the bus stop. Employee #1 had left individuals alone, unsupervised on other occasions. | PR) 05/13/2024<br><br>Upon receiving the report from employee #2 that employee #1 failed to supervise properly (asleep during shift and leaving kids alone) and failing to provide adequate nutrition, and that this had occurred previously, employee #1 was immediately terminated with no opportunity for rehire.<br><br>Clinical Director notified CPS of the incidents. Clinical Director then notified all staff of the incident and reviewed policy and procedure with all staff regarding proper supervision, ie.....awake during night shift; no resident ever left alone for any period of time, for any reason; and ensuring that all youth receive breakfast before leaving for school.<br><br>Clinical Director will review this policy and procedure at all staff meetings, moving forward, so that all staff will realize the importance of complying with all policies and procedures.<br><br>OHR/OLR) Acce<br><br>OLR) Accepted 05/14/2024 | 5/13/2024 |

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**General Comments / Recommendations:**
**The response given to OHR will be accepted for OL as well.**

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