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



License #: **1802-14-009**
Organization Name: **Pathways Youth Services III**

Date of Inspection: **11-20-2023**
Program Type/Facility Name: **14-009 Pathways Youth Services**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 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 | Pathways Youth Services<br><br>This regulation was NOT MET as evidenced by:<br><br>During an unannounced inspection on 11/20/23, the following citations were observed:<br><br>The overhead light fixture in the front bedroom was missing the cover and did not appear to be securely attached to the ceiling.<br><br>The shower stall in the front bathroom has a repair patch on the shower floor that does not cover the damage and does not allow for the shower to be cleaned and sanitized per standards.<br><br>The bedroom on the side of the home has a hole in the back of the bedroom door. | PR) 01/16/2024<br><br>Light fixture is violated twice. See response above.<br><br>Inspector noticed that the shower unit was patched. When inspector questioned staff member did not know what it was and uplifted the patch. This compromised its effectiveness The unit is cleaned twice daily and was not dirty. There is nothing in regulation that states it could not be patched. A repairman had suggested the patch for cost effectiveness and it worked without any problems or cleaning issues.<br><br>Provider has ordered a new shower unit. The Program Director will make arrangements for the installation of the new unit. This will be done by 2/28/2024.<br><br>Hole in the door was caused by a resident and had not been repaired prior to inspection. Provider does get repairs done in a timely manner. However, it is difficult to get repairmen out in a timely manner. The Program Director will make arrangements to have door repaired. The repairs will be complete by 2/28/2024<br><br>OLR) Partially Accepted 01/17/2024<br><br>Please also include a plan for ensuring identification, repairing, and maintenance of physical plant to ensure on-going compliance. | 2/28/2024 |

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| | | | PR) 01/17/2024<br><br>Staff will inform owner of any repairs needed to facility in a timely manner. Program Director will generate document for repairs to be listed with date. Again, the violations were a matter of opinion by inspector that could have been recommendations. There was nothing that jeopardized the safety or health of the residents. Document will be generated by 2/28/2024.<br><br>OLR) Accepted 02/08/2024 | |
| 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 | Pathways Youth Services<br><br>This regulation was NOT MET as evidenced by:<br><br>During an unannounced inspection on 11/20/23, progress notes for Individual #1 and #2 do not reflect supports provided for a 24 hour period and do not reflect supports provided to meet ISP goals and objectives. The progress notes for Individual #1 and #2 do not reflect when the individual is out of the home for educational purposes. | PR) 01/16/2024<br><br>The Program Director will ensure that the progress notes reflect the supports provided for a 24-hour period to meet the ISP goals and objectives. The Program Director will also ensure the progress notes of each individual reflect when they are out the home, for educational purposes. The Program Director will also have a scheduled training with staff to ensure they understand what information is a part of the daily progress note. The Program Director will review daily notes to reflect progress of the residents is being documented. This will be effective immediately.<br><br>OLR) Accepted 01/17/2024 | 1/16/2024 |

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**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.

| Breanna Goad, Licensing Specialist | (Signature of Organization Representative) | Date |
|---|---|---|

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