DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-25-2024**
Program Type/Facility Name: **14-009 Pathways Youth Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (2) - The records of each employee shall include: 2. Educational background and employment history;	N	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, Employee #1 personnel record did not contain documentation of verification of education.	PR) 12/05/2024 Employee has been employed with the company for 20 years. However, provider received sealed transcript for employee and education credentials are now in the employee's file. Provider will conduct a thorough review of all personnel records to identify any other missing or incomplete documentation, and take appropriate actions to rectify any deficiencies. Provider will place a check sheet on all employees file to ensure all documents are in place. OLR) Accepted 12/06/2024	12/13/2024

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12VAC35-46-440. B. - All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.	N	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, there was a lightbulb out in the front bathroom.	PR) 12/05/2024 When provider went to change the light bulb, there was not a light bulb out. There are several switches in that bathroom and the right one was not being turned on. However, provider feels a light bulb should require changing in that moment and not receive a violation if any are ever out. This type of thing should not be a violation because light bulbs can blow at any given time. OLR) Partially Accepted 12/23/2024 Please provide a response how provider will ensure all buildings are lighted for safety. PR) 01/06/2025 Staff received training on the importance of maintaining well-lit premises for safety and security purposes. Provider will establish a reporting system for residents, staff, and visitors to report any lighting-related concerns or malfunctions promptly. There will be a book located in the living room for anyone to write down any issues with the facility that needs to be addressed. OLR) Accepted 01/07/2025	12/5/2024

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12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, Individual #2 quarterly ISP review does not provide insight into interventions provided as part of the implementation of ISP goals and individual's progress towards the ISP objectives.	PR) 12/05/2024 Provider will review and update Individual #2's quarterly ISP review to include detailed information on the interventions implemented to support the achievement of ISP goals and objectives, as well as the individual's progress towards meeting these targets. Provider will continuously evaluate and refine the process of documenting interventions and progress in quarterly ISP reviews, seeking feedback from staff, individuals served, and external partners to enhance the quality, relevance, and impact of the review process in supporting positive outcomes for Individual #2. OLR) Accepted 12/06/2024	12/13/2024

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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	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, Individual #1 record did not contain documentation of therapy.	PR) 12/05/2024 All residents receive therapy at least weekly by a licensed provider. Because of the sensitive information in the notes, these notes are not kept in the records. However, therapy visits are documented on each resident's communication log. This resident was a new admission and staff did not start his communication log. OLR) Partially Accepted 12/23/2024 Please provider a response detailing how therapy progress notes will be available for review by the department. PR) 01/06/2025 Provider will create a clear and consistent naming convention for therapy progress notes to facilitate easy retrieval and tracking upon inspection that will be located in a folder or binder. OLR) Accepted 01/07/2025	12/5/2024

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12VAC35-46-800. C. - A daily communication log shall be maintained to inform staff of significant happenings or problems experienced by residents.	N	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, Individual #1 record did not contain evidence of communication logs.	PR) 12/05/2024 Provider will communicate the importance of maintaining detailed communication logs to all staff members involved in the care of Individual #1, emphasizing the role of effective communication in providing coordinated and individualized support. Provider does have a communication log with each individual name. OLR) Accepted 12/06/2024	12/13/2024
12VAC35-46-840. E. (3) - Each physical examination report shall include: 3. Signature of a licensed physician, the physician's designee, or an official of a local health department.	N	Pathways Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 10/25/24, Individual #1 medical screening form is not signed by the licensed provider completing the form.	PR) 12/05/2024 Provider Immediately obtained the necessary signature from the clinical who completed Individual #1's medical screening form to ensure compliance with regulatory requirements and documentation standards. Staff informed to make sure all signatures are on paperwork before leaving medical appointments. OLR) Accepted 12/06/2024	10/28/2024

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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