DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **3**
License #: **1906-14-008**
Organization Name: **The Patches Group, LLC**

Date of Inspection: **12-17-2025**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (11a) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11a. History of prescription, nonprescription, and illicit drugs taken over the six months prior to admission;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this investigation inspection, it was determined the assessment did not include documentation on history of prescription and illicit drugs taken over the six months prior to admission.	PR) 03/20/2026 On the assessment form reviewed by the inspector, provider The Patches Group (TPG) did not include documentation on history of prescription and illicit drugs taken over the six months prior to admission. This was oversight on the part of the provider and has since been rectified and updated on the new application for admissions form. (SEE ATTACHED) Moving forward TPG will train admission staff to use the updated Application of Admission with all eleven sections of the 12VAC35-46-710. B. This will become an Annual Training for House Managers. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Application for admissions training has been completed within a 12-month period and signed by each employee. OLR) Accepted 03/20/2026	3/20/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (11c) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11c. Information necessary to develop an individualized service plan and a behavior support plan.	N	Grant Avenue This regulation was NOT MET as evidenced by: During this investigation inspection, it was determined the assessment did not include documentation on medication and drug use information necessary to develop an individualized service plan and a behavior support plan.	PR) 03/20/2026 On the assessment form reviewed by the inspector, provider The Patches Group (TPG) did not include documentation on medication and drug use information necessary to develop an individualized service plan and a behavior support plan. This was oversight on the part of the provider and has since been rectified and updated on the new application for admissions form. (SEE ATTACHED) Moving forward TPG will train admission staff to use the updated Application of Admission with all eleven sections of the 12VAC35-46-710. B. This will become an Annual Training for House Managers. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Application for admissions training has been completed within a 12-month period and signed by each employee. OLR) Accepted 03/20/2026	3/20/2026

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12VAC35-46-710. B. (5) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 5. The suitability of the prospective resident's admission;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this investigation inspection, it was determined the assessment did not include the suitability of the prospective resident's admission.	PR) 03/20/2026 On the assessment form reviewed by the inspector provider, The Patches Group (TPG) did not include the suitability of the prospective resident's admission. This was oversight on the part of the provider and has since been rectified and updated on the new application for admissions form. (SEE ATTACHED) Moving forward TPG will train admission staff to use the updated Application of Admission with all eleven sections of the 12VAC35-46-710. B. This will become an Annual Training for House Managers. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Application for admissions training has been completed within a 12-month period and signed by each employee. OLR) Accepted 03/20/2026	3/20/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-870. F. (1a) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1a. Needs of the population served;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this investigation inspection, it was determined the provider's supervision policy did not include the needs of the population served while on routine off campus activities.	PR) 03/20/2026 Provider The Patches Group (TPG) supervision policy did not include the needs of the population served while on routine off campus activities. This policy has since been created to address the specific area of supervision of residents during "outings and off campus" activities. (SEE ATTACHED) Moving forward TPG will update the current Supervision policy with an Addendum for Supervision on outings with residents. All Staff will be trained, and this will be an Annual Training for all Staff. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Line of Sight Supervision training has been completed within a 12-month period and signed by each employee. OLR) Accepted 03/20/2026	3/20/2026

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12VAC35-46-870. F. (1b) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1b. Types of services offered;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this investigation inspection, it was determined the provider's supervision policy did not include the types of services offered while on routine off campus activities.	PR) 03/20/2026 Provider The Patches Group (TPG) supervision policy did not include the types of services offered while on routine off campus activities. This policy has since been created to address the specific area of supervision of residents during "outings and off campus" activities. (SEE ATTACHED) Moving forward TPG will update the Supervision policy with an Addendum for Supervision on outings with residents. All Staff will be trained, and this will be an Annual Training for all Staff. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Line of Sight Supervision training has been completed within a 12-month period and signed by each employee. OLR) Accepted 03/20/2026	3/20/2026

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General Comments / Recommendations:
LS recommends the provider update their supervision of resident's policy to include routine off campus activities per the regulation.

LS recommends the provider complete and document intake/assessment interviews with more than just the individuals such as placing agencies, guardians, or other persons of importance when it come to receiving important past and current information pertaining to admission. The admission packet that was reviewed only documented speaking with the individual and reviewing documentation.

When completing the admission assessment every item must be completed. There were items on the assessment that were not required by regulation, but if categories are added they must be completed.

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.

Darragh Walker, Licensing Specialist	(Signature of Organization Representative)	Date

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