DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-09-2022**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: Employee #1 record did not have documentation that written or oral references were completed.	PR) 03/31/2022 The Provider shall employ a Quality Assurance Manager who will be responsible for performing monthly audits to ensure that employee references are completed upon hiring. The Executive Director will conduct employee reference checks utilizing the attached *BDFS Employee Reference Check* form prior to employment. OLR) Accepted 06/26/2022	4/1/2022
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: Iniital First Aid/CPR training for Employee #2 was not completed with 30 days of employee begin date for Employee hired 4/2021.	PR) 03/31/2022 The Provider shall employ a Quality Assurance Manager who will be responsible for performing monthly audits to ensure that CPR is completed within 30 days of employment, if not already certified. Quality Assurance Manager will utilized the attached *Training Checklist* form to complete audits. OLR) Accepted 06/26/2022	4/1/2022

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12VAC35-46-750. B. (3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: Strategies documented on Individualized service plan under Goal #4 for Individual #2 were written as objectives and were not measueable.	PR) 03/31/2022 The Provider shall employ a Quality Assurance Manager who will be responsible for performing weekly audits to ensure that Individual Service Plans goals are clear and measurable. Individual Services Plans shall be completed by a Qualified Mental Health Professional. OLR) Accepted 06/26/2022	4/1/2022
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	Brighter Days-Grant This regulation was NOT MET as evidenced by: Several progress notes reviewed in record for Individual #1 and Individual #2 did not clearly document Individual supports provdied per Individualized service plan or individuals response to actions taken and progress made toward goals.	PR) 03/31/2022 The Provider shall employ a Quality Assurance Manager who will be responsible for reviewing daily progress notes to ensure the including of appropriate supports and responses consistent with the individual service plans and progress towards goals. The provider shall conduct ongoing trainings on documentation and appropriate progress note writing for each staff. OLR) Accepted 06/26/2022	4/1/2022
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	Brighter Days-Grant This regulation was NOT MET as evidenced by: Several Quarterly reviews completed in record for Individual #1 were not completed within each 90 day period per regulation.	PR) 03/31/2022 The provider shall ensure that Quarterly Reports are completed within 90 days of development of individual service plan. A Quality Assurance Manager will conduct monthly audits to ensure that Quarterly Reports are completed consistent with this regulation and placed in each resident's chart accordingly. OLR) Accepted 06/26/2022	4/1/2022

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General Comments / Recommendations:
Recomend documentation training for all child care staff.

Recommend utilizing orientation checklist to ensure all required trainings, policy/procedures are reviewed and completed wth the recommended timeframe.

Recommend reviewing progress note documentation format in order to capture the entire date/times Individual is receiving support from staff.

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.

Sherry Woodard, Licensing Specialist	(Signature of Organization Representative)	Date

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