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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. A. (1) - There shall be a written job description for each position that, at a minimum, includes the: 1. Job title;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employees #1 and #2 job descriptions did not contain the Job title of the immediate Supervisor. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include immediate supervisor in the *Job Description* forms provided in Employee #1 and Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the Executive Director communicating chain of command verbally to personnel but not including the information documented expressly on the *Job Description* form. Corrective action taken place will include TPG updating the current *Child Care Staff* and *Job Description* forms to include job titles of the immediate supervisor. Job descriptions will be reviewed orally and in writing during *Employee Orientation*. **(See the attached updated Child Care Staff Job Description form).** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the *Job Description* forms are updated to reflect the job title of their immediate supervisor each staff is tasked with reporting to and signed by each employee. OLR) Accepted 12/15/2023	12/1/2023
12VAC35-46-300. B. (5) - The records of	N	Brighter Days-Grant	PR) 12/14/2023 1. Provider The Patches Group (TPG) did	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
each employee shall include: 5. Annual performance evaluations;		This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 personnel file did not contain an employee evaluation since September 2022. Employee #2 personnel file did not contain an employee evaluation since October 2022. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	not provide evidence of annual staff evaluations for Employee #1 and Employee #2 within a 12-month period of time. This error occurred as an oversight and will be rectified by ensuring that annual staff evaluations are reviewed quarterly during ***Employee Orientation*** and completed accordingly. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the *Annual Staff Evaluation* has been completed at minimum within a 12-month period and signed by each employee OLR) Accepted 12/15/2023	

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

Date of Inspection: **11-14-2023**
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. (6) - The records of each employee shall include: 6. Date of employment for each position held and separation;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employees #1 and #2 personnel files did not contain their exact hire date only month and year. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include date of hire for Employee #1 and Employee #2 in personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of Quality Assurance manager failing to include ***File Checklist Form*** **(See attached)** This issue will be rectified by ensuring that annual staff evaluations are reviewed quarterly during ***Employee Orientation***. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the *Annual Staff Evaluation* has been completed within a 12-month period and signed by each employee. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
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. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #2 personnel file did not contain documentation of educational degree. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include an educational record for Employee #2 in personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to include the attached ***File Checklist Form*** in Employee #2 personnel file which includes a section for *"Transcripts and Diploma"* and provided guidance for file reviews. This issue will be rectified by including the attached *File Checklist Form* in each personnel file and retrieving Employee #2's high school transcript. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the appropriate educational records are included. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (1) - Required initial training: 1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was unable to be determined if Employees #1 and #2 completed the required behavior intervention within 7 days of hire as their certificates only states the month and year. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of a behavior intervention being completed within (7) days of hire for Employee #1 and #2 as certificates only provided the month and year training was completed in personnel files reviewed by Licensing Specialist on 11/14/23. This oversight occurred as a result of the provider failing to include the attached ***File Checklist Form*** in each personnel file which includes "*Date of Hire* & *Date Began Working with Client".* This issue will be rectified by (1) including the attached *File Checklist Form* in each personnel file which will include a *"Behavior Intervention"* check off box, (2) by ensuring that the behavior intervention is completed during the first week during the ***Employee Orientation*** and (3) the attached ***TPG Training Log*** will be included in each personnel file outlining the employee's name, title of the training, and when each training was completed. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the required behavior intervention has been completed within (7) days of hire as well as annually for existing staff. OLR) Accepted 12/15/2023	12/1/2023
12VAC35-46-310. A.	N	Brighter Days-Grant	PR) 12/14/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
(2a) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2a. Alerting emergency personnel and sounding alarms;		This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training did not occur until 2022 which is outside of the 14 days of hire and is unknown if the training included alerting personnel and sounding alarms. Employee #2 did complete emergency preparedness training, but it is unknown if the training included alerting emergency personnel and sounds alarms. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness being completed within (14) days of hire for Employee #1 who did not complete the required training until 2022, nor was it made clear in neither Employee #1 or Employee #2's file whether Emergency Preparedness training included "alerting personnel and sounding alarms" when reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective onboarding and orientation process that covered required trainings. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required trainings. Emergency Preparedness and Response training will be an online training completed through JJ Keller which includes "alerting personnel and sounding alarm during emergencies" covered under subject entitled *Emergency Response: Emergency Communication*. **(See attached JJ Keller Course Description)**. TPG provider will continually seek out additional emergency preparedness trainings and education. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness training has been completed during ***Employee Orientation*** and	

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			within (14) days of new hires as well as annually for existing staff. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (2b) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training did not occur until 2022 which is outside of the 14 days of hire and is unknown if the training included Implementing evacuation procedures, including evacuation of residents with special needs. Employee #2 did complete emergency preparedness training, but it is unknown if the training included Implementing evacuation procedures, including evacuation of residents with special needs. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness being completed within (14) days of hire for Employee #1 which did not occur until 2022, nor was it made clear in neither Employee #1 nor Employee #2 whether training included "evacuation procedures including evacuation residents with special needs" in files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective onboarding process that covered required trainings. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required trainings. The Emergency Preparedness training will be completed online by JJ Keller which includes evacuation protocols including "evacuation residents with special needs" under section entitled *Emergency Response: React Appropriately* **(See attached Course Description)**. TPG provider will actively seek out additional emergency preparedness trainings and education. A Quality Assurance Manager or Executive	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed within (14) days of hire as well as annually during ***Employee Orientation*** for existing staff. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (2c) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2c. Using, maintaining, and operating emergency equipment;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training did not occur until 2022 which is outside of the 14 days of hire and is unknown if the training included using, maintaining, and operating emergency equipment. Employee #2 did complete emergency preparedness training, but it is unknown if the training included using, maintaining, and operating emergency equipment. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness being completed within (14) days of hire for Employee #1 and did not occur until 2022, nor was it made clear in neither Employee #1 nor Employee #2 whether training included "using, maintaining, and operating emergency equipment" in files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed within (14) days of hire during ***Employee Orientation***.	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (2d) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2d. Accessing emergency information for residents including medical information;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training did not occur until 2022 which is outside of the 14 days of hire and is unknown if the training included Accessing emergency information for residents including medical information. Employee #2 did complete emergency preparedness training, but it is unknown if the training included Accessing emergency information for residents including medical information. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation:	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness being completed within (14) days of hire for Employee #1 which did not occur until 2022, nor was it made clear in neither Employee #1 nor Employee #2 whether training included "assessing emergency information for residents including medical information" in files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed within (14) days of hire as well as annually for current staff during ***Employee Orientation***. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (2e) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2e. Utilizing community support services.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training did not occur until 2022 which is outside of the 14 days of hire and is unknown if the training included Utilizing community supports. Employee #2 did complete emergency preparedness training, but it is unknown if the training included Utilizing community supports. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness being completed within (14) days of hire for Employee #1 which did not occur until 2022, nor was it made clear in neither Employee #1 nor Employee #2 whether training included "utilizing community supports" in files reviewed by Licensing Specialist on 11/14/23.This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation***	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed within (14) days of hire as well as annually during ***Employee Orientation*** for current staff. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (3a) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3a. The objectives of the facility;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was unable to be determined if Employees #1 and #2 received orientation training to include objectives of the facility as there was no documentation in Employee #1 personnel file that demonstrated training occurred. The documentation in Employee #2 personnel file only stated "orientation" but there was no date or information on what the orientation consisted of. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names.	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of a completed an orientation training addressing "practices of confidentiality" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. Employee #2's file did not include appropriate date training was completed. This error occurred as a result of the provider failing to include the attach ***TPG Training Log*** in each personnel file which would outline the employee's name,	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		• Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	date, and when each training was completed. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that practices in confidentiality are reviewed during ***Employee Orientation*** for new hires and annually for current staff. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (3b) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3b. Practices	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was unable to be determined if Employees #1 and #2 received orientation training to include practices of confidentiality as there was no documentation in Employee #1 personnel file that demonstrated training occurred. The documentation in Employee #2 personnel file only stated "orientation" but there was no date or information on what the orientation consisted of	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of a completed an orientation training addressing "practices of confidentiality" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. Employee #2's file did not include appropriate date training was completed. This error occurred as a result	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
of confidentiality;		• Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	of the provider failing to include the attach ***TPG Training Log*** in each personnel file which would outline the employee's name, date, and when each training was completed. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that practices in confidentiality are reviewed during ***Employee Orientation*** for new hires and annually for current staff. OLR) Accepted 12/15/2023	
12VAC35-46-310. A. (3e) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was unable to be determined if Employees #1 and #2 received orientation training to include other policies and procedures that are applicable to the position, duties and responsibilities as there was no documentation in Employee #1 personnel file that demonstrated training occurred. The documentation in	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of a completed an orientation training addressing "other policies and procedures applicable to the positions, duties and responsibilities" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
shall be given orientation and training regarding: 3e. Other policies and procedures that are applicable to their positions, duties, and responsibilities.		Employee #2 personnel file only stated "orientation" but there was no date or information on what the orientation consisted of • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	orientation or onboarding process that covered required trainings. Employee #2's file did not include appropriate date training was completed. This error occurred as a result of the provider failing to include the attached ***TPG Training Log*** in each personnel file which would outline the employee's name, date, and when each training was completed. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that other policies and procedures applicable to the positions, duties and responsibilities are reviewed during ***Employee Orientation*** for new hires and annually for current staff. OLR) Accepted 12/15/2023	

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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: During this inspection it was determined that Employees #1 and #2 did not have CPR and First Aid training certificates in their personnel files from 2021 which is the year they both were hired. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of CPR and First Aid trainings being completed within the required timeframe of 30 days from initial hire for neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation or onboarding process that covered required trainings. This error will be rectified by provider conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that CPR and First Aid training are completed during ***Employee Orientation***. OLR) Accepted 12/15/2023	12/1/2023
12VAC35-46-310. B.	N	Brighter Days-Grant	PR) 12/14/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
(1a) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1a. Alerting emergency personnel and sounding alarms;		This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training last occurred in 2022 they did not receive a refresher in 2023 and is unknown if the training included Alerting emergency personnel and sounding alarms. Employee #2 did complete emergency preparedness training in 2023, but it is unknown if the training included Alerting emergency personnel and sounding alarms. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness refresher being completed for the year of 2023 for Employee #1. This was an oversight as the certificate of completion was not printed and included in Employee #1's personnel file. (**See attached certificate of completion dated for 9/22/23**). The provider TPG did not include evidence as to whether the Emergency Preparedness refresher included "alerting emergency personnel and sounding alarms" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required annual trainings. Emergency Preparedness and Response training will be an online training completed through JJ Keller which includes "alerting personnel and sounding alarm during emergencies" covered under subject entitled *Emergency Response: Emergency Communication*. **(See attached JJ Keller Course Description)**. TPG provider will continually seek out additional emergency preparedness trainings and education.	

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	
12VAC35-46-310. B. (1b) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training last occurred in 2022 they did not receive a refresher in 2023 and is unknown if the training included Implementing evacuation procedures including evacuation of residents with special needs. Employee #2 did complete emergency preparedness training in 2023, but it is unknown if the training included Implementing evacuation procedures including evacuation of residents with special needs. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness refresher being completed for the year of 2023 for Employee #1. This was an oversight as the certificate of completion was not printed and included in Employee #1's personnel file. (**See attached certificate of completion dated for 9/22/23**). The provider TPG did not include evidence as to whether the Emergency Preparedness refresher included "evacuation residents with special needs" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required annual trainings. Emergency Preparedness and Response training will be an online training completed through JJ Keller which includes	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	"evacuation residents with special needs" covered under subject entitled *Emergency Response: React Appropriately*. **(See attached JJ Keller Course Description)**. TPG provider will continually seek out additional emergency preparedness trainings and education. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	
12VAC35-46-310. B. (1c) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1c. Using, maintaining, and operating emergency equipment;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training last occurred in 2022 they did not receive a refresher in 2023 and is unknown if the training included Using, maintaining and operating emergency equipment. Employee #2 did complete emergency preparedness training in 2023, but it is unknown if the training included Using, maintaining and operating emergency equipment.	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness refresher being completed for the year of 2023 for Employee #1. This was an oversight as the certificate of completion was not printed and included in Employee #1's personnel file. (**See attached certificate of completion dated for 9/22/23**). The provider TPG did not include evidence as to whether the Emergency Preparedness refresher included "using, maintaining, and operating emergency equipment" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely.	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required annual trainings. Emergency Preparedness and Response training will be an online training completed through JJ Keller which includes "using, maintaining, and operating emergency equipment" covered under subject entitled *Emergency Response: React Appropriately*. **(See attached JJ Keller Course Description)**. TPG provider will continually seek out additional emergency preparedness trainings and education. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	
12VAC35-46-310. B. (1d) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training last occurred in 2022 they did not receive a refresher in 2023 and is unknown if the training included Accessing emergency information for residents including medical information.	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include a record of an Emergency Preparedness refresher being completed for the year of 2023 for Employee #1. This was an oversight as the certificate of completion was not printed and included in Employee #1's personnel file. (**See attached certificate of completion dated for 9/22/23**). The provider TPG did not include evidence as to whether the	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
shall include: 1d. Accessing emergency information for residents including medical information;		Employee #2 did complete emergency preparedness training in 2023, but it is unknown if the training included Accessing emergency information for residents including medical information. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	Emergency Preparedness refresher included "assessing emergency information for residents including medical information" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** (**See attached**) that will include required annual trainings. Emergency Preparedness and Response training will be an online training completed through JJ Keller which includes "assessing emergency information for residents including medical information" covered under subject entitled *Emergency Response: Medical Assistance* (**See attached Course Description**). TPG provider will actively seek out additional emergency preparedness trainings and education. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	
12VAC35-46-310. B. (1e) - Required annual	N	Brighter Days-Grant	PR) 12/14/2023 1. Provider The Patches Group (TPG) did	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1e. Utilizing community support services.		This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 emergency preparedness training last occurred in 2022 they did not receive a refresher in 2023 and is unknown if the training included Utilizing community supports. Employee #2 did complete emergency preparedness training in 2023, but it is unknown if the training included Utilizing community supports. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	not include a record of an Emergency Preparedness refresher being completed for the year of 2023 for Employee #1. This was an oversight as the certificate of completion was not printed and included in Employee #1's personnel file. (**See attached certificate of completion dated for 9/22/23**). The provider TPG did not include evidence as to whether the Emergency Preparedness refresher included "utilizing community supports" in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Emergency Preparedness has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (3) - Required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 completed behavioral intervention trainings in 2022, but the certification expired in September 2023. Employee #2 completed the training in 2022, but the certification expired in October 2023. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of the behavioral intervention refresher being completed annually as Employee #1 certificate of completion expired in September 2023 and Employee #2 certificate of completion expired in October 2023. This error occurred as a result TPG official behavioral intervention trainer not completing the Handle with Care recertification until October 2023. This error will be rectified by TPG ensuring that there will be a backup Handle with Care instructor to the provide appropriate behavior intervention training as needed. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the behavioral intervention refresher has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employee #1 personnel file did not contain retraining certificates for maintaining appropriate professional relationships, interaction among staff and residents and suicide prevention in 2023. Employee #2 personnel file did not contain proof of retraining certificates in making appropriate professional relationships, interaction among staff and residents and suicide prevention in 2023. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of the child abuse & neglect, mandated reporter, maintaining appropriate professional relationships, interaction among staff and residents, as well as suicide prevention training being completed annually in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the behavioral intervention refresher has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		action completed (Ex. Date training completed or Date protocol implemented).		

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (5) - Required annual retraining: 5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: During this inspection it was determined that Employees #1 and #2 personnel files did not contain proof of retraining in 2023 for policies and procedures regarding standard precautions. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of training addressing policies and procedure regarding standard precautions completed in 2023 in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to implement an effective employee orientation that covered required annual training refreshers, routinely. This error will be rectified by provider TPG conducting quarterly ***Employee Orientation.*** A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the behavioral intervention refresher has been completed annually for current staff during ***Employee Orientation*** which will be provided quarterly. OLR) Accepted 12/15/2023	12/1/2023
12VAC35-46-660. B. -	N	Brighter Days-Grant	PR) 12/14/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
Each record shall be kept up to date and in a uniform manner.		This regulation was NOT MET as evidenced by: The service file of Individual #1 had not been kept up to date and in a uniform manner. There were multiple progress notes missing from the service file for the months of October 2023 and September 2023. The progress notes in the file were signed and dated by staff. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 1. Include a plan of action to address systematic changes (process/protocols, etc) that have been or	1. Provider The Patches Group did not provide an up to date and uniform service file for Individual #1 as several progress notes were missing for the months of September 2023 and October 2023. This error occurred as a result of the Child Care staff not consistently adhering to TPG policies regarding documentation of progress notes. This error will be rectified by TPG supervisors providing Child Care staff with written performance improvement plans that can ultimately lead to suspension or termination of employment for continued violations. TPG will include documentation training addressing progress notes and timely submission in the ***Employee Orientation*** which will be provided quarterly. Additionally, during monthly supervision the Executive Director will reiterate TPG policies regarding documentation of progress notes. A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that progress notes are being completed accordingly. OLR) Accepted 12/15/2023	

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		will be implemented to ensure you remain in compliance of the regulation. 1. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 1. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).		

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-720. A. (4) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 4. Addresses financial responsibility for the placement;	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: The placement in the service file of Individuals #1 and #2 does not address financial responsibility for the placement. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of a placement agreement addressing financial responsibility of child placing agencies in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to include the attached "***TPG Placement Agreement"*** in the aforementioned service files. This error will be rectified by Executive Director, or designee ensuring that ***TPG Placement Agreement*** is reviewed orally, in writing, and signed by all parties and returned prior to admission. A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that ***TPG Placement Agreements*** are signed and included in each resident's file. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-720. A. (6) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 6. Addresses the education plan for the resident and the responsibilities of all parties.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: The placing agreement in the service file of Individuals #1 and #2 does not address the education plan for Individual #1. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not include evidence of a placement agreement addressing the resident's educational plan in neither Employee #1 nor Employee #2's personnel files reviewed by Licensing Specialist on 11/14/23. This error occurred as a result of the provider failing to include the attached "***TPG Placement Agreement"*** in the aforementioned service files. This error will be rectified by Executive Director, or designee ensuring that ***TPG Placement Agreement*** is reviewed orally, in writing, and signed by all parties and returned prior to admission. A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that ***TPG Placement Agreements*** are signed and included in each resident's file. OLR) Accepted 12/15/2023	12/1/2023

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

Date of Inspection: **11-14-2023**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.	N	Brighter Days-Grant This regulation was NOT MET as evidenced by: The medication administration record (MAR) of Individual #1 revealed PRN medication #1 was administered on October 13, 2023. The reason, and results of the medication being administered were not documented on the MAR. • Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names. • Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations. • Include all 4 points below, in detail, in your response to each violation: 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 12/14/2023 1. Provider The Patches Group (TPG) did not properly complete the documentation in the Medication Administration Record (MAR) for Individual #1 related to PRN or as needed medications given on October 13, 2023. This error occurred as a result of negative practices that includes Child Care staff not reviewing MAR, regularly. This error will be rectified by TPG supervisors providing Child Care staff with written performance improvement plans that can ultimately lead to suspension or termination of employment for continued violations. TPG will include documentation training addressing Medication Administration Record during ***Employee Orientation*** which will be provided quarterly. A Quality Assurance Manager or Executive Director will be responsible for performing weekly reviews of the Medication Administration Record to ensure that proper documentation is performed daily. OLR) Accepted 12/15/2023	12/1/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1906-14-008**
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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

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

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