DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-11-2025**
Program Type/Facility Name: **14-008 Grant Avenue**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-80. D. - The provider shall submit the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a threat to the health, safety, or welfare of residents.	N	Grant Avenue This regulation was NOT MET as evidenced by: as of 4/11/2025, the provider has not submitted corrective action plan responses that were due 4/9/2025. Please respond to this citation indicating what will be implemented so this citation will not occur in the future in addition to assuring responses are submitted to the original citations.	PR) 04/17/2025 Provider The Patches Group (TPG) failed to complete the initial Corrective Action Plan (CAP) with the inspection date of March 6, 2025, by the allotted time granted per 12VAC35-46-80. D. This was an oversight on the part of the Executive Director who did not request additional time to complete the CAP. The error will be rectified by TPG training Quality Assurance Manager as well as House Managers on Corrective Action Plans (CAP) according to 12VAC35-46-80 D. A Quality Assurance Manager will be responsible for reviewing all Corrective Action Plans from March 2025 to the present with the Executive Director and House Managers. OLR) Accepted 05/16/2025	4/17/2025

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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Elaine Moser, Regional Manager	(Signature of Organization Representative)	Date

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