DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-06-2026**
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. (7) - The records of each employee shall include: 7. Documentation of educational degrees and of or professional certification or licensure credentials, as applicable;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection, it was determined that Employee #1's file did not include documentation of educational degrees.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-300. B. (7) During an inspection it was determined that Employee #1's file did not include documentation of educational degrees. This was an oversight on the part of the provider and shall be rectified. Moving forward all employee records educational degrees and educational certifications will be verified monthly. Quality Assurance Manager or Executive Director will be responsible for ensuring that the Employee files are reviewed monthly and that employee records are highlighted. OLR) Partially Accepted 04/15/2026Please include your process for obtaining documentation of educational degrees for employees. PR) 04/29/2026 ***The Patches Group, LLC Process for Obtaining Educational Documentation For Current and New Employees is highlighted in the attached document. (SEE ATTACHED)*** OLR) Accepted 04/29/2026	4/2/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection the water at the kitchen faucet measured at 128 degrees and the water at the bathroom faucet measured at 126 degree.	PR) 04/02/2026 . The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-450. C. During an inspection the water at the kitchen faucet measured at 128 degrees and the water at the bathroom faucet measured at 126 degrees. This was an oversight on the part of the provider and shall be rectified. Moving forward all staff will be trained on how to test the hot water temperature and have monthly pop-up testing by managers and the Quality Assurance Manager in accordance with TPG Hot Water Testing Training. See attachment (Hot Water Testing Training). OLR) Partially Accepted 04/15/2026Please include your process for ensuring the water temperature is adjusted to meet regulation. PR) 04/29/2026 ***The Patches Group, LLC process for ensuring Water Temperature meets the standard 12VAC35-46-450.C. is illustrated in the attached. See attachment titled Process for H20.*** OLR) Accepted 04/29/2026	4/2/2026

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12VAC35-46-750. B. (5) - Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection. it was determined that Individual #1's ISP completed on 11/11/25 did not include projected dates for accomplishing each objective. Individual #2's ISP completed on 11/10/25 did not include projected dates for accomplishing each objective.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-750. B. During an inspection it was determined that Individual #1's ISP completed on 11/11/25 did not include projected dates for accomplishing each objective. In addition, individual #2's ISP completed on 11/10/25 did not include projected dates for accomplishing each objective. This was an oversight on the part of the provider and shall be rectified. Moving forward the case managers will use the updated ISP worksheet to accomplish all the requirements of 12VAC35-46-750 B. See Attachment (Updated ISP worksheet). A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that the updated ISP worksheet is completed and logged into each resident's file to accomplish all the requirements of 12VAC35-46-750 B. OLR) Accepted 04/15/2026	4/2/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-765. H. (1a) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1a. Services provided to the resident;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection, it was determined that Individual #3's discharge summary did not contain services provided to the resident.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-765. H. regarding discharges. During an inspection, it was determined that Individual #3's discharge summary did not contain services provided to the resident. This was an oversight on the part of the provider and shall be rectified. Moving forward House Managers/Case Managers will use the updated Discharge Summary to accomplish all the requirements of 12VAC35-46-765. H. See Attachment (Updated Discharge Summary). A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that the updated discharge summaries are completed and logged into each resident’s file to accomplish all the requirements of 12VAC35-46-765. H. OLR) Accepted 04/15/2026	4/2/2026

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12VAC35-46-765. H. (1b) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1b. The resident's progress toward meeting individualized service plan objectives;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection, it was determined that Individual #3's discharge summary did not contain the resident's progress toward meeting individualized service plan objectives.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-765. H. (1b). During an inspection, it was determined that Individual #3's discharge summary did not contain the resident's progress toward meeting individualized service plan objectives. This was an oversight on the part of the provider and shall be rectified. Moving forward House Managers/Case Managers will use the updated Discharge Summary to accomplish all the requirements of 12VAC35-46-765. H. **See Attachment (Updated Discharge Summary).** A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that the updated discharge summaries are completed and logged into each resident’s file to accomplish all the requirements of 12VAC35-46-765. H. OLR) Accepted 04/15/2026	4/2/2026

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12VAC35-46-765. H. (1c) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1c. The resident's continuing needs and recommendations, if any, for further services and care;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection, it was determined that Individual #3's discharge summary did not contain the resident's continuing needs and recommendations, if any, for further services and care.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-765. H. regarding discharges.During this inspection, it was determined that Individual #3's discharge summary did not contain the resident's continuing needs and recommendations, if any, for further services and care. This was an oversight on the part of the provider and shall be rectified. Moving forward House Managers/Case Managers will use the updated Discharge Summary to accomplish all the requirements of 12VAC35-46-765. H. See Attachment (Updated Discharge Summary). A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that the updated discharge summaries are completed and logged into each resident’s file to accomplish all the requirements of 12VAC35-46-765. H. OLR) Accepted 04/15/2026	4/2/2026

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12VAC35-46-765. H. (1d) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1d. Reasons for discharge and names of persons to whom the resident was discharged;	N	Grant Avenue This regulation was NOT MET as evidenced by: During this inspection, it was determined that Individual #3's discharge summary did not contain names of persons to whom the resident was discharged.	PR) 04/02/2026 The Provider The Patches Group (TPG) did not meet the regulation 12VAC35-46-765. H. regarding discharges. During this inspection, it was determined that Individual #3's discharge summary did not contain names of persons to whom the resident was discharged. This was an oversight on the part of the provider and shall be rectified. Moving forward House Managers/Case Managers will use the updated Discharge Summary to accomplish all the requirements of 12VAC35-46-765. H. (1d) See Attachment (Updated Discharge Summary). A Quality Assurance Manager or Executive Director will be responsible for performing weekly resident file reviews to ensure that the updated discharge summaries are completed and logged into each resident’s file to accomplish all the requirements of 12VAC35-46-765. H. (1d) OLR) Accepted 04/15/2026	4/2/2026

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General Comments / Recommendations:
LS recommends the provider only document on goals and objectives for the individual on the initial ISP's and remove goals and objectives that pertain to the provider.

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