

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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Investigation ID: 3

License #: 1906-14-009

Organization Name: The Patches Group, LLC

Date of Inspection: 04-14-2025

Program Type/Facility Name: 14-009 Garfield

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-1050. - If a provider permits staff to take residents to the staff's home, the facility must receive written permission of the resident's legal guardian or placing agency before the visit occurs. The written permission shall be kept in the resident's record.	N	Garfield This regulation was NOT MET as evidenced by: Employee #2 failed to receive written permission of Individual #1's legal guardian or placing agency before taking Individual #1 to the staff's home.	PR) 07/10/2025 Provider The Patches Group (TPG) did not meet this regulation due to Employee #2 taking a resident to her home without authorization from a TPG supervisor on her own accord and without written approval from the individual's placing agency. Employee #2 later resigned. TPG will remedy this issue by reiterating this regulation during Appropriate Relationships & Interactions with Staff and Residents training under "prohibited acts" for new hires and annually for existing staff. A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that Appropriate Relationships training has been completed within a 12-month period and signed by each employee. OLR) Accepted 07/11/2025	5/31/2025

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12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Garfield This regulation was NOT MET as evidenced by: The provider failed to report the incident of Employee #2 taking Individual #1 to their personal home without written permission from the placing agency or guardian within 24 hours of discovery to the department.	PR) 07/10/2025 Provider The Patches Group (TPG) did not report an incident related to abuse, neglect, and exploitation with the Department of Behavioral Health and Developmental Services (DBHDS) licensing department within the required time frame. This occurred as an unintentional oversight on behalf of the provider due to the incident occurring off site with an employee involved being separated from employment when the incident was discovered. To avoid this (1) the provider The Patches Group (TPG) will ensure that The Director and Quality Assurance Manager will complete Reporting in CHRIS training provided by the Department of Behavioral Health and Developmental Services Office of Human Rights (DBHDS OHR) annually, (2) TPG staff will be trained on resident's rights as well as proper reporting. Lastly, TPG will complete an incident and report and report incidents in the daily communication log to ensure that incidents are identified and reported in the CHRIS system within the required time frame. OLR) Accepted 07/11/2025	5/31/2025

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12VAC35-46-1080. C. - Any case of suspected child abuse or neglect occurring at the facility, on a facility-sponsored event or excursion, or involving facility staff shall be reported immediately to (i) the Office of Human Rights and placing agency; and (ii) either the resident's parent or legal guardian, or both, as appropriate.	N	Garfield This regulation was NOT MET as evidenced by: The provider failed to report the incident of Employee #2 taking Individual #1 to their personal home without written permission from the placing agency or guardian within 24 hours of discovery to the Office of Human Rights.	PR) 07/10/2025 Provider The Patches Group (TPG) did not report an incident related to abuse, neglect, and exploitation with the Office of Human Rights or in the CHRIS system within the required time frame. This occurred as an unintentional oversight on behalf of the provider due to the incident occurring off site with an employee involved being separated from employment when the incident was discovered. To remedy this (1) the provider The Patches Group (TPG) will ensure that The Director and Quality Assurance Manager will complete Reporting in CHRIS training provided by the Department of Behavioral Health and Developmental Services Office of Human Rights (DBHDS OHR) annually, (2) TPG staff will be trained on resident's rights as well as proper reporting. Lastly, TPG will report incidents in the daily communication log (Google Chat) to ensure that incidents are identified and reported in the CHRIS system within the required time frame. OLR) Accepted 07/11/2025	5/31/2025

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12VAC35-46-320. (3) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers, contractors, and students/interns. These policies and procedures shall include: 3. How the supervision will be documented.	N	Garfield This regulation was NOT MET as evidenced by: The provider failed to document disciplinary action of Employee #2 for taking not completing progress notes during each shift.	PR) 07/10/2025 Provider The Patches Group (TPG) did not show a record of disciplinary action taken against a staff for not completing progress notes during each shift. This occurred due to Provider not properly recording supervision meetings and documenting additional counsel and disciplinary actions in the employee's personnel file. To rectify this issue the provider will conduct staff supervision for all direct care staff responsible for completing a daily progress note. Supervision will be recorded on a TPG Supervision/ Evaluation Form and address completion of daily progress notes. This form will be signed by a supervisor and each staff receiving the supervision. (See attached) A Quality Assurance Manager or Executive Director will be responsible for performing monthly resident file reviews to ensure that the supervision is completed and recorded on the TPG Supervision/ Evaluation form. OLR) Accepted 07/11/2025	5/31/2025

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12VAC35-46-750. D. (2) - The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 2. Frequency;	N	Garfield This regulation was NOT MET as evidenced by: Progress notes were reviewed during this investigation inspection. The following dates did not have completed progress notes: June 1,,2,3,4,5,20,29,30, and 31st. The progress notes reviewed did not document progress towards meeting goals and objectives of the ISP.	PR) 07/10/2025 Provider The Patches Group (TPG) did not show a record of disciplinary action taken against a staff for not completing progress notes during each shift. This occurred due to Provider not properly recording supervision meetings and documenting additional counsel and disciplinary actions in the employee's personnel file. To rectify this issue the provider will conduct staff supervision for all direct care staff responsible for completing a daily progress note. Supervision will be recorded on a TPG Supervision/ Evaluation Form and address completion of daily progress notes. This form will be signed by a supervisor and each staff receiving the supervision. (See attached) A Quality Assurance Manager or Executive Director will be responsible for performing monthly resident file reviews to ensure that the supervision is completed and recorded on the TPG Supervision/ Evaluation form. OLR) Accepted 07/11/2025	5/31/2025

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12VAC35-46-870. F. (1b) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1b. Types of services offered;	N	Garfield This regulation was NOT MET as evidenced by: The provider's master schedule and staffing plan are not being followed according to the staffing policy created by the provider. The providers policy states 1:3 and 1:4 ratio with two staff working 7am-7pm and 7pm-7am. The June 2024 schedule does not reflect two staff on each shift at those specific time.	PR) 07/10/2025 Provider The Patches Group (TPG) master schedule did not follow the staffing plan according to the policy manual This was an oversight on behalf of TPG, as the staffing ratio in the policy states 1:4 with "two staff working 7am-7pm". The correct wording should have been stated as "one staff working an 8-to-12-hour shift within a 24-hour period". (See attached) This will be rectified by TPG updating the policy related to the staffing plan to reflect the aforementioned. A House Manager or Executive Director will be responsible for creating and implementing a monthly schedule to ensure coverages for all shifts. OLR) Accepted 07/11/2025	5/31/2025

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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.				
_____ Darragh Walker, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				