

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

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License #: 1906-14-009

Organization Name: The Patches Group, LLC

Date of Inspection: 10-21-2021

Program Type/Facility Name: 14-009

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-750. D. - P&P's for ISP to document progress meeting goals	N	12VAC35-46-750. Individualized service plans/quarterly reports D. 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: This regulation WAS NOT MET as evidence by: At time of renewal inspection there was not evidence of progress notes in record for Individual #1 for the month of September through October 23rd documenting Individual progress towards established goal and objectives. At time of renewal inspection there was not evidence of progress notes in record for Individual #2 from May 2021 through September 2021 documenting Individual progress toward established goal and objectives.	PR) 12/30/2021 PR shall ensure that progress notes are completed daily and recorded in the resident chart no later than 24 hours from event (opposed to the 10 day window previously allotted) A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that the written progress notes are completed, up to date and in the resident's chart. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to complete monthly audit. OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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12VAC35-46-750. D. (2) - ISP frequency	N	12VAC35-46-750. Individualized service plans/quarterly reports. D. 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 This regulation WAS NOT met as evidence by: Comprehensive ISP for Individual #1 did not include frequency of supports for staff strategies at time of renewal inspection.	PR) 11/26/2021 PR shall ensure that the Individualized Service Plan also known as the Comprehensive Individual Plan of Care (CIPOC) is completed no later than 24 hours of admission and reviewed monthly for each resident to include frequency of supports. A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that the in the resident's chart. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to completely monthly audit. OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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12VAC35-46-750. H. - Documentation showing involvement of resident, family, placing agency, staff	N	12VAC35-46-750. Individualized service plans/quarterly reports. H. There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate, and legal guardian This regulation WAS NOT met as evidence by: Initial ISP initiated 6/2021 did not have signature of staff completing ISP and Individual/guardian and/or authorized representative for Individual #1. Signature obtained on ISP was for revision made to the ISP. Initial ISP initiated 12/9/2020 did not have signature of staff completing ISP and Individual;guardian and/or authorized representative for Individual #2. Signature obtained on ISP was for revision made to the ISP.	PR) 11/26/2021 PR shall ensure that the Individualized Service Plan also known as the Comprehensive Individual Plan of Care (CIPOC) is developed no later than 72 hours of admission and reviewed monthly for each resident to include frequency of supports. Development and reviews of CIPOC will include the resident, a legal guardian, and a staff member. A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that signatures of participating parties are included. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to completely monthly audit OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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12VAC35-46-780. B. - Provision of case management services documented in record	N	12VAC35-46-780. Case management services. B. The provision of case management services shall be documented in each resident's record At time of review of Individual #2 record not documentation of case management provisions noted in record from April-September 2021.	PR) 11/26/2021 PR shall ensure that a case management progress note is completed monthly, signed and placed in resident's chart. A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that a running record of case management notes are in the chart. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to completely monthly audit. OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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12VAC35-46-790. - Requires therapy provided by licensed therapist or professional legally authorized	N	12VAC35-46-790. Therapy. Therapy shall be provided by an individual (i) appropriately licensed by the Department of Health Professions to provide mental health therapy or counseling; or (ii) who is eligible for licensure and working under the supervision of a licensed therapist unless exempted from these requirements under the Code of Virginia. This regulation WAS NOT met as evidence by: At time of renewal inspection there was no evidence of therapy notes in record and no documentation of linkage with therapist for Individual #2	PR) 11/26/2021 PR shall ensure that documentation of therapy and progress is completed weekly for residents receiving therapy in house. Monthly reports shall be provided for residents participating in out-patient therapy. A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that a running record of clinical notes are in the chart. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to complete monthly audit. OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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710.C.1 - Resident's contain a completed assessment at admission or w/in 30 days after emergency admission	N	12VAC35-46-710. Application for admission C. The resident's record shall contain a completed assessment at the time of a routine admission or within 30 days after an emergency admission This regulation WAS NOT met as evidence by: At time of inspection no evidence of initial assessment was accessible in record for Individual #2.	PR) 11/26/2021 PR shall provide written assessment no later than 72 hours after admission which will be reviewed by Executive Director and placed in the resident chart under the section #7 titled <i>Psychosocial Assessment</i> in the resident file. A Quality Assurance Manager will be responsible for performing weekly chart reviews to ensure that the written assessment is in the chart. Executive Director and Quality Assurance Manager will complete monthly audit to ensure compliance. The attached document entitled <i>Resident Chart Audit Form</i> will be used to complete monthly audit OLR) Accepted 01/28/2022 RECEIVED: 11/26/21 APPROVED	12/1/2021

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General Comments / Recommendations: Recommend documentation training for all staff. Recommend ISP goals for records reviewed are more person centered. Recommend microwave handle is repaired or replaced.				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
Sherry Woodard, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				