DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **1906-14-009**
Organization Name: **The Patches Group, LLC**

Date of Inspection: **04-16-2026**
Program Type/Facility Name: **14-009 Garfield**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Garfield This regulation was NOT MET as evidenced by: See OHR citations below.		

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12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Garfield This regulation was NOT MET as evidenced by: Employee #1 failed to attend mandatory staff meeting addressing individual #1 elopement support needs.	PR) 06/01/2026 Provider The Patches Group (TPG) provided for mandatory training to address individual #1 elopement and support needs however Employee #1 did not attend. Employee #1 later engaged in a power struggle with individual #1 that led to a subsequent elopement. The Patches Group, LLC (TPG) has addressed this issue by updating it's Line of Sight (LOS) procedures and retrained all personnel. Additionally, employee #1 has completed a *LOS refresher* for not attending the initial mandatory training for all staff. (See attached) A Quality Assurance Manager or Executive Director will be responsible for performing monthly personnel file reviews to ensure that the Annual Staff Line Of Sight Supervision training is completed for all staff. OHR/OLR) Accepted 07/07/2026	12/27/2025

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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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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