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



License #: **2657-14-008**
Organization Name: **All Around Achievers, LLC**

Date of Inspection: **09-24-2024**
Program Type/Facility Name: **14-008 Fox Drive**

| 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 | Fox Drive<br><br>This regulation was NOT MET as evidenced by: See OHR citations below | | 10/16/2024 |

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| 12VAC35-115-110. C. (9a) - The provider's duties. 9. Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. 9a. Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third party payers, the provider shall comply with the higher standard. | N | Fox Drive<br><br>This regulation was NOT MET as evidenced by:<br><br>*Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third-party requirements as they relate to seclusion and restraint.*<br><br>Upon review of CHRIS entry, **A-20240003,** the provider's investigation included the review of eyewitness statements which revealed:<br><br>• Employee #1 demonstrated unauthorized use of restraint techniques not outlined in Entity #1's guidelines. As a result, Employee #1 lost their footing during the restraint and landed on top of Individual #1.<br><br>Based on the provider's investigative findings, there is a preponderance of evidence to support the violation. | PR) 10/16/2024<br><br>Employee #1 was immediately suspended pending the investigation results. Employee #1 was terminated after suspension and has not returned to working for any reason Staff that worked that program were retrained on proper restraints allowed in staff meeting.<br><br>OHR/OLR) Accepted 11/06/2024 | 10/16/2024 |

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| 12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation. | N | Fox Drive<br><br>This regulation was NOT MET as evidenced by:<br><br>*"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as: the use of language that demeans, threatens, intimidates, or humiliates the person.*<br><br>Upon the review of CHRIS entry, **A-20240003,** the provider's investigation included the review of the witness statements which revealed the following:<br><br>• Employee #1 was observed making inappropriate remarks towards Individual #1 about their parent.<br>• Employee #1 knowingly and recklessly used language that demeans Individual #1, which meets the regulatory definition of abuse.<br><br>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of verbal abuse. | PR) 10/16/2024<br><br>Employee #1 was suspended immediately pending investigation and after investigation terminated Employee has not returned to facility for no reason since suspension.<br><br>OHR/OLR) Accepted 11/06/2024 | 10/16/2024 |

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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.

| Amaya Henderson, Human Rights | (Signature of Organization Representative) | Date |
|---|---|---|

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