

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

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License #: **2713-04-005**

Organization Name: **Riverside Mental Health & Recovery Center**

Date of Inspection: **01-10-2025**

Program Type/Facility Name: **04-005 Riverside Mental Health & Recovery**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-660. C. - The provider shall implement a person-centered comprehensive ISP as soon as possible after admission based upon the nature and scope of services but no later than 30 days after admission for providers of mental health and substance abuse services and 60 days after admission for providers of developmental services.	N	Riverside Behavioral, Inc. This regulation was NOT MET as evidenced by: During the time of the unannounced inspection Individual #1 and #2's ISP lacked evidence of a person-centered ISP. Provide a statement of the issue that led to noncompliance and state how you corrected and or will correct the deficient practice in this specific violation. Include a plan of action to address systematic changes, process, and protocols that have been or will be implemented to ensure you remain in compliance of the regulation. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation.	PR) 02/03/2025 1. The reason for the non-conformance is lack of standardized process for modifying ISP objectives to ensure that the ISP is person-centered. 2. The Hospital President, Chief Nursing Officer, Behavioral Health Service Line Chief of Staff, Director of Operations, Clinical Director, and Quality Director, reviewed the non-conformity report when it was received and began planning corrective actions. 3. The ISP's reviewed during the survey did not show evidence of being person-centered. 4. The ISP completed by therapist, care manager and unit nurse will be modified to address individualized objectives. 5. Staff education regarding adding, removing, or modifying objectives to create a person-centered ISP will be completed by iCare Support Analyst and championed by Clinical Manager and Unit Manager. 6. The ISP will be monitored for compliance with documentation and compliance by the Clinical Manager and Unit Manager who will report out at monthly Quality Committee meetings for at least one quarter of sustained compliance then periodically to verify continued sustained compliance. Monitoring and reporting will start Q2 2025. OLR) Accepted 02/04/2025	4/1/2025

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General Comments / Recommendations: Recommendations: Ensure that observations consistently transfer from Observe Smart to the MARs. Verify that the notes from the flow charts are accurately reflected in the nurses' notes. Confirm that all objectives outlined in the ISP are correctly transposed into the relevant sections of the ISP documentation. Please respond to the CAP on or before the due date. If you should have any questions or require further assistance, please contact me via CONNECT or at 804-393-0663.				
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.				
Donna Ross, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				