

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

Page: 1 of 2

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

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

Date of Inspection: **12-04-2025**

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>
12VAC35-105-693. E. - The provider shall complete a written discharge summary within 30 days of discharge that includes, at a minimum, the following:	N	Riverside Behavioral, Inc. This regulation was NOT MET as evidenced by: The provider did not demonstrate in the discharge summary for Individual #3 the progress the individual made while in active treatment, nor was there evidence within the treatment plan showing advancements toward goals or completion of interventions and objectives during service provision.	PR) 12/19/2025 The reason for the noncompliance is lack of standardized process for documenting progress towards goals within the treatment plan and within the discharge summary. Team members responsible for updating progress towards goals within the treatment plan and discharge summary will receive education on including this information by February 1, 2026. The Lead Provider, Clinical Manger and others as designated will audit to monitor compliance using a tracking tool to document no less than monthly review of treatment plan progress and inclusion in discharge summary; and follow up with individuals as needed. Compliance will be reported at monthly Quality Committee meeting by Lead Provider, Clinical Manager or designee including any recommendations for further improvement beginning in March 2026. OLR) Accepted 12/19/2025	3/31/2026

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

Page: 2 of 2

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

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

Date of Inspection: **12-04-2025**

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>
General Comments / Recommendations: Please ensure that the interventions and objectives are consistently documented within each goal, and provide greater specificity regarding the interventions utilized in the treatment plan. Please ensure that progress notes consistently align with the goals and corresponding interventions outlined in the treatment plan. 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				