Investigation ID: **18**
License #: **291-14-008**
Organization Name: **Second Story**

Date of Inspection: **01-17-2024**
Program Type/Facility Name: **14-008 Second Story**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-400. B. - The facility shall not be dependent upon volunteers or students/interns to provide basic services.	N	Second Story This regulation was NOT MET as evidenced by: Provider was dependent on a supervision plan to use Entity #1 as volunteers. Other agencies may not be used in a voluntary capacity.	PR) 04/10/2024 The issue included a plan to work with CPS staff to help provide supervision for the residents in question. The issue will be corrected by reworking this policy to host CPS staff as supplementary supervision while maintaining our staff's responsibility to provide primary supervision. CTM will confer with PM and VP to revisit this policy at least annually or more frequently if necessary due to future CAPs. OLR) Not Accepted 04/15/2024 The licensed DBHDS provider is required to have adequate staffing for the services provided and for supporting the needs of the individuals receiving services. Therefore, the staffing and supervision is the responsibility of Second Story, with all of the personnel requirements including training, background checks, etc. A local agency, including a placing agency, cannot provide supplementary staffing and supervision in the service. Please submit a corrective action, along with a revised staffing policy, for maintaining adequate staffing and supervision of individuals receiving services, including administrative measures to be taken with admissions when staffing will not be sufficient to meet supervision and support needs in the service. PR) 04/29/2024 Senior staff met with CPS on 4/23/24 to discuss ongoing staffing and admission issues identified by the CAP. At least one additional residential counselor (part- or full-time) will be hired to	5/31/2024

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			enhance SSTC staffing; the exact number and part- or full-time status will be confirmed once the budget can be properly evaluated by the CEO. Additionally, the contract between SSTC and CPS is being reviewed to update admissions procedures. This will allow SSTC staff to deny potential residents in CPS custody when staffing is not adequate for supervision and support needs. Once these two issues have been fully resolved, CTM will work with VP and PM to create a policy outlining the determinations. OLR) Accepted 05/14/2024	
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Second Story This regulation was NOT MET as evidenced by: Provider did not implement policy and procedure for supervision to closely monitor individuals #1 and #2 while they were showing signs of illness.	PR) 04/10/2024 The issue included lower frequency of bed checks than is outlined in our bedrest contract policy. The issue was corrected by providing retraining for all staff on this policy. CTM will review this policy at least annually or more frequently if necessary due to future CAPs. OLR) Not Accepted 04/15/2024 The provider's response does not identify and address a systemic evaluation of the structured program care for related factors impacting the protection, guidance, and supervision of the individuals receiving services. This licensing report identified issues with staffing, supervision, and obtaining prompt medical evaluation/treatment. Please submit a revised corrective action that addresses measures taken to ensure a structured program of care that will include protection, guidance, and supervision of the individuals receiving services. Provider will submit documentation of staff re-training.	5/31/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 04/29/2024 A systemic evaluation of staffing, supervision, and medical attention issues was jointly completed by CTM and VP on 4/19/24 to ensure a structured program of care that will include protection, guidance, and supervision of residents. Increased staffing will be hired once the CEO identifies the budgetary allowances for new staff. This will also improve supervision in addition to the updated staff supervision as related to contingency plans. OLR) Accepted 05/14/2024	
12VAC35-46-840. D. - Each resident's health record shall include written documentation of (i) the initial physical examination; (ii) an annual physical examination by or under the direction of a licensed physician, including any recommendation for follow-up care; and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.	N	Second Story This regulation was NOT MET as evidenced by: Records reviewed for individuals#1 and #2 did not include documentation of initial physical examination that occurred on 12/13/23 while with Entity #1.	PR) 04/10/2024 The issue included a lack of documentation that the residents in question were medically assessed. The issue will be corrected by providing retraining to all staff on appropriate documentation of medical assessments, including the policy that we must receive a copy of discharge paperwork from medical visits. CTM will review this policy at least annually or more frequently if necessary due to future CAPs. OLR) Partially Accepted 04/15/2024 Provider will submit documentation of staff re-training on appropriate documentation of medical assessments, and policy for obtaining medical examinations and treatment, including discharge instructions from medical visits. PR) 04/29/2024 UPDATED POLICY: "Whenever medical attention is sought, staff must instruct the legal	4/29/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			guardian to provide SSTC with a copy of any relevant, post-visit medical documentation (e.g. discharge paperwork) upon return to the program. In the case where medical documentation was not provided to the legal guardian, a verbal summary of the visit should be relayed by the legal guardian and must be documented by staff in a detailed contact note." OLR) Partially Accepted 05/14/2024 Provider will submit documentation of re-training (dated training sheet with staff signatures) on appropriate documentation of medical assessments, and policy for obtaining medical examinations and treatment, including discharge instructions from medical visits. PR) 05/29/2024 Please see the attached policy on medical emergencies, as well as the signed documentation of staff retraining. OLR) Accepted 05/31/2024	
12VAC35-46-870. F. (1a) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities,	N	Second Story This regulation was NOT MET as evidenced by: Provider did not implement a contingency plan for Individuals #1 and #2 showing signs or illness and in need of emergency health evaluation.	PR) 04/10/2024 The issue included that staffing was insufficient to accommodate adequate supervision of ill residents. The issue was corrected by hiring additional relief staff. Additionally, the staffing supervision plan will be revised to specifically state relief staff can be called in when additional supervision may be required (e.g. due to resident illnesses, off-campus outings). CTM will review relief staffing levels in 3 months to evaluate whether additional relief staff need to be hired.	5/29/2024

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and resident preferences. These policies and procedures shall be based on the: 1a. Needs of the population served;			OLR) Partially Accepted 04/15/2024 Provider will submit a copy of their policy of staff supervision that includes contingency plans for resident illness, emergencies, off-campus activities and resident preferences. In addition, provider will submit a copy of their staff roster including identified relief staff, and weekly staffing plan. PR) 04/29/2024 UPDATED POLICY: "There may be times when additional supervision of current residents becomes necessary (e.g. due to resident illnesses, high behavioral needs, off-campus outings, etc). If this need arises, staff should contact a supervisor to approve calling in relief staff as needed." Please note: an additional relief staff member was hired on 3/5/24. On 4/11/24, a previous relief staff member resigned (due to personal circumstances). CTM will still review the staffing plan in 3 months to explore whether additional relief staff need to be hired. OLR) Partially Accepted 05/14/2024 Provider will submit a copy of their policy of staff supervision that includes contingency plans for resident illness, emergencies, off-campus activities and resident preferences. PR) 05/28/2024 Please see the attached document regarding	

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			staff supervision, including contingency plans for resident illnesses, emergencies, off-campus outings, etc. OLR) Accepted 05/31/2024	

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.

Pending Assignment Region 2 - (A), Licensing Specialist	(Signature of Organization Representative)	Date

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