DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **48**
License #: **291-14-008**
Organization Name: **Second Story**

Date of Inspection: **12-17-2024**
Program Type/Facility Name: **14-008 Second Story**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-625. C. (3) - The provider shall have and implement written policies and procedures that address the provision of: 3. Staffing appropriate to the needs and behaviors of the residents served.	N	Second Story This regulation was NOT MET as evidenced by: At the time of investigation inspection, the provider did not implement their policies regarding appropriate staff based on the needs and behaviors of the residents served. Provider stated that after the compliant was brought to their attention, they have revamped their staffing schedules for safety measures. Additionally, while onsite, LS observed three individuals in the kitchen/dinning room area and staff was not present during this observation as there were two staff members on duty at the time.	PR) 03/15/2025 The issue that led to noncompliance was inadequate staffing/supervision. This is being addressed by increasing coverage of all shifts to double coverage whenever possible, through both hiring additional relief staff and another overnight counselor (although hiring for this latter position was temporarily placed on hold due to a hiring freeze as a result of recent federal government actions). Additionally, retraining on appropriate supervision was provided to staff during case review on 3/5/25. Training on supervision will continue to be conducted by the Compliance & Training Manager (CTM) during onboarding, as well as annually and as needed in response to relevant incidents. In terms of staffing, CTM will coordinate monthly with the Program Manager (PM) as well as the Vice President of Residential Services (VP) to review whether coverage is adequate. OLR) Accepted 03/17/2025	3/5/2025

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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: At the time of investigation inspection, the provider did not present a structured program of care that provided protection, guidance, and supervision for Individual #2. The provider did not submit supporting documents demonstrating protection, guidance or updated supervision for the individual for safety. No further documentation was presented,	PR) 03/15/2025 The issue that led to noncompliance was not updating/submitting appropriate documentation in response to an incident during which the resident entered another resident's bedroom. Going forward, ISPs will be updated via a safety plan when these incidents occur. Said safety plan ISPs (as detailed below) will include the identified cause as well as systematic next steps. CTM will create this safety plan ISP template in conjunction with VP and PM. It will be reviewed for efficacy by CTM, VP, and PM in three months (June 2025) or sooner if needed. OLR) Accepted 03/17/2025	3/31/2025
12VAC35-46-800. A. (3) - There shall be evidence of a structured program of care designed to: 3. Meet the objectives of any required individualized service plan.	N	Second Story This regulation was NOT MET as evidenced by: At the time of investigation inspection, the provider did not meet the objectives of ISP of Individual #2 as the documentation was not updated to reflect safety measures regarding the second incident. The provider submitted documentation of a safety plan, however the safety plan did not present goals or outcomes describing how to support or protect the individual and peers. Additionally, the safety plan did not include staff or support instructions. No further information was presented at the conclusion of the investigation.	PR) 03/15/2025 The issue that led to noncompliance was not updating the resident's ISP following concerns for the safety of his behavior related to potential sexual harassment. This will be addressed by creating a safety plan ISP that will be completed upon either two instances of concerning behavior that do not merit an official warning/consequence or one relevant rule violation. This safety plan ISP will include what behavior(s) led to it, as well as what preventative measures should be implemented by staff/the program as a result. CTM will create this safety plan ISP in conjunction with VP and PM. It will be reviewed for efficacy by CTM, VP, and PM in three months (June 2025) or sooner if needed. OLR) Accepted 03/17/2025	3/31/2025

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General Comments / Recommendations:
Provider was recommended to update and implement their staffing levels. Provider was encouraged to review and update safety plans and ISP's when incidents occur to ensure safety measures are put in to place to protect all individuals in the program.

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.

Shani McGee, Licensing Specialist	(Signature of Organization Representative)	Date

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