DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-25-2024**
Program Type/Facility Name: **14-008 Second Story**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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	Second Story This regulation was NOT MET as evidenced by: See OHR citations below.		

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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	Second Story This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. • By a preponderance of evidence including failure to follow policy, the Provider has substantiated A#20240010. • Employee #1 was not aware of Individual #1 taking items out of kitchen and staff closet, leaving harmful items accessible to Individual #1. • The Provider failed to protect Individual #1 from harm.	PR) 08/19/2024 The issue that led to non-compliance involved the youth obtaining previously confiscated items, suspected to have been taken by the youth from the staff office, which is supposed to remain locked at all times unless it is being directly supervised by staff. The issue was corrected on an immediate/individual level by confiscating the items again. Systematically, all staff were retrained on 6/12/24 on the program policies/procedures related to security of the staff office (see case review notes). The Program Manager will continue to oversee and reinforce security of the staff office on an ongoing basis during her work in the building. OHR/OLR) Accepted 08/22/2024	6/12/2024

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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.

Diana Atcha, Human Rights	(Signature of Organization Representative)	Date

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