DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-20-2025**
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. • Due to a preponderance of evidence, including staff admissions, the Provider substantiated medication-related neglect for CHRIS A#20240024. • Employee #1 incorrectly discontinued Medication #1, resulting in Individual #1 missing two doses of Medication #1. Employee #2, Employee #3, Employee #4, and Employee #5 did not notice that Individual #1 missed multiple doses of Medication #1, violating program policy. • Individual #1's right to be free of neglect was violated.	PR) 06/02/2025 The issue that led to non-compliance was that the medication was incorrectly discontinued by a staff member. This error was not caught during medication checks until 9/21/24, during which time staff did not administer the medication. The issue was corrected by providing group remedial medication management training on 10/9/24 during the weekly staff meeting. Medication management refresher training will continue to be provided at least annually (plus remedially as needed) by the Compliance & Training Manager. OHR/OLR) Accepted 06/05/2025	10/9/2024

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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