

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

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Investigation ID: 22

License #: 2917-14-001

Organization Name: Three Rivers Treatment Center, LLC

Date of Inspection: 12-13-2021

Program Type/Facility Name: 14-001 Three Rivers Treatment Center

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-640. B. - The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: The provider's Admission Criteria policy states that criteria for admission includes, "DSM-V Diagnosis, which indicates the presence of emotional or behavioral disorder which is moderate to severe in nature." Upon review of Applications for Admission for Individual #2, #11, #12 and #13 a diagnosis was not indicated.	PR) 03/14/2022 PR1: Residents are admitted to Three Rivers Treatment Center for both residential care services and for assessment and diagnostic services (A&D.) Additionally, in many cases the admission application is completed by parents or guardians who are not aware of a resident's actual DSM-V diagnosis should one exist. Individual #2's application was completed by the individual's guardian. The query for Current DSM V Diagnosis is clearly answered "Needs assessed." However, Individual #2's psychological needs were identified as "Anger Management, Anxiety, Substance Abuse." Individual #2's application was signed on 05-30-2021. Individual #2 was admitted on 05-31-2021 with a referral and admitting diagnosis of "Post Traumatic Stress Disorder." Individual #2 was discharged 08-31-2021. Individual #11's application was completed by the individual's parent. The query for Current DSM-V Diagnosis is left blank. The parent does indicate that "new full psych eval" is believed to be needed. Individual #11's psychological needs are identified by this parent are "self esteem, self care, self love, self worth, a structured environment and healing from childhood wounds." Individual #11 was admitted on 04-21-2021 with a referral and admitting diagnosis of "Conduct Disorder, General Anxiety Disorder, Oppositional Defiant Disorder and Reactive Attachment Disorder." Individual #11 was discharged on successful completion of the individual's program on 11-22-2021. Individual #12's application was completed by the individual's parent. The query for Current DSM V Diagnosis is left blank. However, Individual #12's psychological needs as identified by this parent are "Grieve thru her	4/30/2022

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			sexual & physical abuse, learn how to have balance, medication control and peer relationships." Individual #12 was admitted on 06-10-2021 with a referral and admitting diagnosis of "Attention Deficit Hyperactivity Disorder, Generalized Anxiety Disorder, and Mood Depressive Disorder." Individual #12 was discharged on 07-06-2021. Individual #13's application was completed by the individual's parent. The query for Current DSM-V Diagnosis is left blank. Individual #13's psychological needs are identified by this parent as "medication – they keep changing it, therapy, and she needs to learn boundaries." Individual #13's application was completed on 04-01-2021. Individual #13 was admitted on 04-05-2021 with referral and admitting diagnosis of "Major Depressive Disorder, Bipolar Disorder and Post Traumatic Stress Disorder." Individual #13 was discharged on 07-15-2021. For all individuals, diagnosis is determined by appropriately licensed staff based on initial assessment or referral from appropriately licensed staff. PR2: Admissions policies will be revised to remove DSM V diagnosis as a criterion for admission in favor of ensuring the appropriate diagnosis is determined on the resident's initial assessment. DSM V diagnosis obtained during the application process will be referred to appropriately licensed to be accepted or ruled out based on professional determination. The application process will updated so that all questions for which there is no legitimate answer, or the answer is unknown, are marked "N/A." PR3: The Program Director will conduct a 60-day audit of all admissions to determine	

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			that the appropriate diagnosis is entered into the clinical record and made available to the treatment team within 72 hours of admission. 100% of all admissions will be compliant. OLR) Accepted 04/05/2022 Please submit the revised admission's policies no later than 4/30/22 as this is the planned completion date indicated on the CAP.	

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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	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: Progress notes were requested from the provider on 10/1/21 and submitted 10/8/21 for the timeframe 6/12/21-6/22/21. Progress notes were submitted for the following dates: 6/12/21, 6/13/21, 6/14/21, 6/15/21, 6/16/21, 6/17/21, 6/18/21, 6/19/21, 6/20/21 (11:45am-12:15pm and 6pm-7pm), 6/21/21 and 6/22/21. According to the provider's Structured Program of Care policy, revised 6/2/21, "Residents will be supported in meeting their individualized treatment goals." There were no progress notes to indicate that the goals and objectives outlined in Individual #2's ISP were being implement before, during or after the incident that occurred on 6/20/21 at 10:15am AND Progress notes were requested from the provider on 10/1/21 and submitted 10/8/21 for the timeframe 6/12/21-6/22/21. Progress notes were submitted for the following dates: 6/12/21, 6/13/21, 6/14/21, 6/15/21, 6/16/21, 6/17/21, 6/18/21, 6/19/21, 6/20/21 (6pm-7pm), 6/21/21 and 6/22/21. According to the provider's Structured Program of Care policy, revised 6/2/21, "Residents will be supported in meeting their individualized treatment goals." There were no progress notes to indicate that the goals and objectives outlined in Individual #3's ISP were being implement before, during or after the incident that occurred on 6/20/21 at 10:15am	PR) 03/14/2022 PR1: Individual #2 was discharged on 08-31-2021. Individual #3 was discharged on 10-15-2021. PR2: Three Rivers is transitioning to an electronic medial record. Documentation policies and procedures are being reviewed and revised to ensure treatment plans remain current and the progress notes are attached to the goals and objectives outlined in an individual's treatment plan. All such documentation will be entered into and/or transferred as necessary into the Center's EMR. PR3: HIM will conduct a 60 day audit off all resident records to ensure program notes are assigned to the correct goals and objective in an individual's treatment plan. 100% compliance is expected; failure to reach 100% compliance will result in audit extension in 30 day increments until compliance is achieved. OLR) Accepted 04/05/2022 Please submit the audit form no later than 4/30/22 as this is the planned completion date indicated on the CAP.	4/30/2022

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12VAC35-46-870. F. (1c) - 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, and resident preferences. These policies and procedures shall be based on the: 1c. Qualifications of staff on duty;	N	Three Rivers Treatment Center This regulation was NOT MET as evidenced by: According to the provider's staffing plan, "An ATS or Lead Skills Coach supervises each Skills Coach daily." On 6/12/21, Employee #12 was absent and there was no ATS or Lead Skills Coach indicated on the staff calendar and Employee #15 was on leave. On 6/20/21, Employee #7 (scheduled to work 7am-7pm) was absent and there was no ATS or Lead Skills Coach noted on the staff calendar until 11am.	PR) 03/14/2022 PR1: Employee #12 remains a Lead Skills Coach and does not preset with an attendance record requiring corrective action. Employee #7 terminated employment on 12-17-2021. PR2: The Three Rivers staffing plan has been reviewed and will be revised adequate supervision of staff in accordance with regulation and standard; the requirement of daily presence of a Lead Skills Coach will be eliminated. The position of ATS has been eliminated. PR3: The revised staffing plan will be implemented no later than March 30, 2022 and will be monitored by the Program Director to ensure that all regulatory requirements are met with 100% compliance. OLR) Partially Accepted 04/05/2022 Please submit the revised staffing plan for review. PR) 04/19/2022 PR: Staffing plan included with this second CAP response 04-19-2022. Note: Unable to upload Admission Criteria as requested due to CAP being "accepted;" no 'Enter Response' link. Submitted same here. OLR) Accepted 08/04/2022	3/30/2022
12VAC35-46-870. F. (1d) - Supervision policies: 1. The	N	Three Rivers Treatment Center	PR) 03/14/2022 PR1: Employee #12 remains a Lead Skills	3/30/2022

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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, and resident preferences. These policies and procedures shall be based on the: 1d. Number of residents served.		This regulation was NOT MET as evidenced by: On 6/12/21 DAY SHIFT the provider had a planned schedule which included 2 skills coaches on Community 1, 1 skills coach on Community 2, 1 skills coach on Community 3, 1 floater and 1 ATS (Employee #12 was on leave). It appears that this schedule was based on the current census and program needs. Based on a review of the staff schedule and employee timecards, Employee #5 was assigned to Community 1 who worked from 8:25am-6:23pm, Employee #10 was assigned to Community 2 who worked from 7:10am-8:04pm and Employee #9 was assigned to Community 3 who worked from 12pm-7pm. Employee #8 was assigned to work on Community1 but did not work on 6/12/21. The provider did have a floating staff (Employee #11) who was already scheduled to work on this day; however, the provider did not ensure that there were an appropriate number of staff working on this day in order to maintain the therapeutic milieu and a safe environment. There was no employees on duty to replace Employee #8, Employee #12 who were who assigned to work on this day. AND On 6/20/21 DAY SHIFT the provider had a planned schedule for Community 1 which included 2 skills coaches, 1 skills coach on Community 2, 1 skills coach on Community 1 and 1 ATS (Employee #7). It appears that this schedule was based on the current census and program needs. Upon review of the timecards for Employee #5, #6 and #7 it was determined that Employee #5 worked from 6:33am-11:06pm, Employee #6 worked from 6:55am-7:26pm and Employee #7 did not work on this day. Employee #7 was a planned staff who would serve as a floater staff and according to the schedule provided, there was no replacement for Employee #7. The provider did not ensure that there was an appropriate number of staff working on this day in order to maintain a therapeutic milieu and a safe environment. There was no	Coach and does not preset with an attendance record requiring corrective action. Employee #8 terminated employment on 07-18-2021. The Three Rivers staffing plan has been reviewed and will be revised adequate supervision of staff in accordance with regulation and standard; the requirement of daily presence of a Lead Skills Coach will be eliminated. The position of ATS has been eliminated. PR3: The revised staffing plan will be implemented no later than March 30, 2022 and will be monitored by the Program Director to ensure that all regulatory requirements are met with 100% compliance. OLR) Partially Accepted 04/05/2022 Please submit the revised staffing plan for review. PR) 04/19/2022 PR: Staffing plan included with this second CAP response 04-19-2022 OLR) Accepted 08/04/2022	

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		documentation to indicate that there was an employee on duty to replace Employee #7.		

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.

Mackenzie Glassco, Associate Director
II

(Signature of Organization Representative)

Date

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