DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **8**
License #: **3055-14-008**
Organization Name: **Gatewood Children's Homes, Inc.**

Date of Inspection: **10-13-2021**
Program Type/Facility Name: **14-008**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-740. - Initial objectives and strategies w/in 3 days	N	12VAC35-46-740. Initial objectives and strategies. Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident. This regulation was NOT MET as evidenced by: Review of the Initial ISP effective 6/19/21 does not include goals that are specific enough to address the individual's history of substance use, self-harm, and elopement which were identified as needs within the Admission Application. The provider did develop a behavior support plan 6/22/21, but it was not referenced within the ISP and it also does not address substance abuse, self-harm, and elopement.	PR) 11/21/2021 PR: 11/21/21 Going when developing the initial ISP for new residents this provider will review the admissions application and the pre- admissions intake documents to identify issues related to the resident's history that would be used in the development of measurable goals to be addressed. The Program Director will be responsible for ensuring that applicable historical information is included in the initial ISP OLR: Accepted 12/21/21 OLR) Accepted 12/21/2021	11/30/2021
12VAC35-46-750. B. - ISP in measurable terms	N	B. Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident; This regulation was NOT MET as evidenced by: The goals and objectives outlined in Individual #3's ISP were not described in measurable terms.	PR) 11/21/2021 PR: 11/21/21 Going forward this Provider will develop individual Service Plans using measurable goals and objectives such as percentages, achievement dates or expressing demonstration of compliance a certain number of days in a week. The Program Director will be responsible for ensuring that the goals and objective in individual service plans are described in measurable terms. OLR: Accepted 12/21/21 OLR) Accepted 12/21/2021	11/30/2021

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12VAC35-46-750. D. (1) - ISP format	N	D. The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 1. Format; This regulation was NOT MET as evidenced by: The form that is used to document progress of the resident toward meeting goals and objectives includes the following sections: mod, behavior, intervention, consequence, independent living skills, medication and visitors in which the employee circles a response. There is also a section for written notes, but upon review of the progress notes they do not sufficiently document progress made on goals and objectives as the resident's progress or lack of progress is documented to determine if services are appropriate.	PR) 11/21/2021 PR: 11/21/21 Going forward this provider will document a resident's progress towards meeting the goals and objectives of the individual service plan on the daily case management note. The daily case management progress document has been revised to document the resident's progress towards their goals. See attached form. The Resident supervisor will be responsible for ensuring that the daily progress notes document the resident's progress towards their goal. OLR: Accepted 12/21/21 OLR) Accepted 12/21/2021	11/30/2021

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12VAC35-46-840. D. - Record - initial/annual physical and follow-up	N	D. Each resident's health record shall include written documentation of (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident. This regulation was NOT MET as evidenced by: Review of the Documentation of Health Appointments does not include documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident. The Intake Assessment identifies substance abuse treatment as a need with the longest period of sobriety indicated as two months since age 13 with overdoses noted. The ISP Monthly Report indicates an appointment for a physical occurred on 6/23/2021, however there is no notation of follow up medical care recommended by the physician or efforts documented by the provider to make progress towards meeting this identified need. AND Review of the Admissions Application effective 6/18/21 does not include documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident. The Admissions Application identifies the need to get a more recent psychological evaluation, however there is no indication that any support was provided by the provider.	PR) 11/21/2021 PR: 11/21/21 This provider will review the admissions application and the intake assessment when identifying needs of the resident and when making medical and mental health appointments (including evaluations). The results and follow-up from these appointments will be documented and placed in the resident's record. The resident supervisor will ensure that the resident's needs as identified in the intake assessment and the admissions application are addressed and documented and placed in the resident's record. OLR: Accepted 12/21/21 OLR) Accepted 12/21/2021	11/30/2021

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12VAC35-46-900. A. (3) - Behavior support plan- successful interventions	N	A. Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 3. Identification of successful intervention strategies for problem behavior; This regulation was NOT MET as evidenced by: Review of the Behavior Support Plan does not include identification of successful intervention strategies for additional problem behaviors. The Admissions Application and the Intake Assessment identify elopement, substance use with a history of overdose, and self-harm as problem behaviors, and the Initial ISP noted instances where the Individual has felt like self-harming however these were not addressed in the behavior plan.	PR) 11/21/2021 PR: 11/21/21 This provider will include successful intervention strategies for additional problem behaviors that are identified on the resident's intake assessment, admissions application and the resident's initial individual service plan when developing a resident's behavior support plan. The Program Director will be responsible for ensuring that the resident's behavior support plan includes successful intervention strategies for additional problem behaviors that may be identified in the resident's admissions application, intake assessment and their initial ISP. OLR: Accepted 12/21/21 OLR) Accepted 12/21/2021	11/30/2021

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General Comments / Recommendations:
Review of the Provider's Policy on Missing Persons (not dated) indicates that staff will contact local law enforcement and file a missing person's report after one hour of expected time of return. The provider was determined to have followed their policy, however it is recommended that the provider identify a no later than time by which contact to law enforcement and the missing person's report will have been completed. The policy currently does not identify a time by which it will have been done, it only identifies after how long the staff should wait to complete the action.

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.

Josie Russell, Investigator	(Signature of Organization Representative)	Date

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