DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **3**
License #: **3466-14-008**
Organization Name: **Optimum Youth Services LLC**

Date of Inspection: **09-06-2021**
Program Type/Facility Name: **14-008 Gabrielle's House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
670.A - P&P's for monitoring records	N	Gabrielle's House Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider. This regulation was NOT MET as evidenced by: Review of Individual #1's Fact Sheet, dated 3/22/21, reveals that the record in not accurate. The individual's SSN id listed in the anticipated discharge date rather than in the SSN or Unique Identifier section. The Admission packet provider previous treatment history of inpatient residential services state from 2008-2020 and group home services from 2020-2021, however, upon further review it is noted that the individual was only in inpatient residential care from 2018-2020, and that there were 3 other acute hospitalization prior to 2018 due to suicidal ideations. It is noted that the individual has a diagnosis of PTST, which is a typo and should be PTSD.	PR:10/4/21 RCA: The provider reviewed Regulations: 12VAC 35-46-670 (A): Provider is aware of the regulations for reviewing records and have policies and procedures for record review. Systematic Plan: As part of the CAP, provider will take the following actions to ensure that the written policies are followed and include provisions for ongoing review to determine whether records contain all required service documentation, their accuracy and release of information documents required by the provider. Records will be reviewed in accordance with regulation standards. A checklist will be used to determine accuracy and compliance Records will be reviewed 3 days after intake and quarterly to determine that records have the necessary completed documentation and are accurate. Provider understands that it is important to ensure that all documentation is reviewed in the resident's file to aid in providing services. Monitoring Plan: The program director will monitor that resident records are reviewed after intake and quarterly. Position Responsible for Monitoring Implementation: Provider identifies the program director position as the position responsible for monitoring implementation of the approved CAP. OLR: Accepted 10/4/21	10/4/2021

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			Review record review template & policy.	

General Comments / Recommendations:
LS recommends that safety checks be documented in a log or some time of form in order to ensure that safety checks are being completed within the specified time indicated.

LS recommends retraining/reminded of appropriate staff/client relationships as it is noted within the incident report that the individual stated, "I love you." and staff member responded, "I love you too."

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.

Nicole DeStefano	(Signature of Organization Representative)	Date

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