DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-30-2023**
Program Type/Facility Name: **14-008 Gabrielle's House**

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	Gabrielle's House This regulation was NOT MET as evidenced by: See OHR citation.		
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	Gabrielle's House 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. Upon review of CHRIS entry, A-20230003, 20230004, 20230005, 20230006 and 20230007, the provider’s investigation was substantiated for neglect based on the following: • Per the provider’s internal investigation report and the review of the provider’s policy, it was discovered	PR) 06/26/2023 **RCA:** The provider reviewed Regulations 12VAC35-115-50. B. (2) and 12VAC35-46-70, The provider is aware of the regulations and will ensure that all staff members adhere to the regulations. The Program Director interviewed the staff member. The staff member was trained during orientation regarding the staff supervision policy and violated the staff supervision policy. Systematic Plan: As part of the CAP, the provider will take the following actions to ensure that all staff are in compliance with the staff supervision policy. • The Staff Supervision Policy was updated to include a Transportation Log for staff to document all outings.	6/26/2023

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		that Employee #1 failed to provide adequate supervision for Individual #1, #2, #3, #4, and #5's health and safety: • Employee #1 took Individual #1, #2, #3, #4 and #5 on an unscheduled outing as approval was required for an outing not schedule on the activity calendar. • Employee #1 failed to provide services necessary to the health, safe, and welfare of Individual #1, #2, #3, #4, and #5 which meets the regulatory definition for neglect. Based on the information reviewed, there is a preponderance of evidence to suggest a violation of this regulation.	• The Program Manager met with each employee individually to ensure that they understood the Staff Supervision Policy. • All staff will continue to be trained regarding the staff supervision policy during orientation. • The provider will ensure that a transportation log is completed when staff are departing for an outing. • Staff will be made aware that they will be terminated if they do not adhere to the supervision policy. The provider understands that all staff must be in compliance with the Staff supervision Policy to ensure the safety of the residents. **Monitoring Plan:** The Program Director will monitor that orientation is completed, and all staff will be trained regarding the supervision of residents. **Position Responsible for Monitoring Implementation**: Provider identifies the Program Director position as the position responsible for monitoring implementation of the approved CAP. The Program Director will ensure that staff are completing the Transportation Log by reviewing it weekly. OHR/OLR) Accepted 06/27/2023	

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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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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