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

Date of Inspection: **07-07-2023**
Program Type/Facility Name: **14-008 Gabrielle's House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	This regulation was NOT MET as evidenced by: Upon review of the file for Employee #2, there was no proof that written references or notations of oral references have been completed for Employee #2. The records of each employee shall include: 3. Written references or notations or oral references.	PR) 08/03/2023 **RCA** The Program Director provided the employee with an electronic link to send references and the references were completed. However, the electronic reference system was a new system, and the Program Director did not print out the references and put it in the employee file. **Systematic Plan:** As part of the CAP, the provider will take the following actions to ensure that all staff have their references placed in their employee file. • All staff will receive and link to have three references to be completed. • The provider will review and ensure that references are completed before hire. • Staff will be made aware that they cannot be hired until references are completed. • The Program Director will print references and place them in the employee file. The provider understands that all staff must be in compliance with having three references completed before hire. **Monitoring Plan:** The Program Director will monitor that three references are completed, and all staff will be made aware that their hire is contingent upon references being completed. **Position Responsible for Monitoring Implementation:** Provider identifies the Program Director position as the position responsible for monitoring implementation of the CAP. The Program Director will print and place	8/3/2023

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

Date of Inspection: **07-07-2023**
Program Type/Facility Name: **14-008 Gabrielle's House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			references in the employee file before hiring. OLR) Accepted 08/26/2023	
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	This regulation was NOT MET as evidenced by: Upon review of the file for Employee #1, there was no proof in Employee #1's file to show that Employee #1 has received annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate relationships, and interaction among staff and residents, and suicide prevention. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	PR) 08/03/2023 **RCA** The Program Director provides employee training. **Systematic Plan**: As part of the CAP, the provider will take the following actions to ensure that all staff and the Program Director have their training documentation in their employee file. • All staff will participate in orientation and annual training. • The provider will review and ensure that orientation and annual training. • completed before hire. • Staff will be made aware that they cannot be hired until orientation is completed. • Staff will complete yearly training. • The Program Director will document employee training and training for the trainer. The provider understands that all staff must be in compliance with completing orientation before hire and yearly training. **Monitoring Plan:** The Program Director will monitor that training is complete and documentation for staff and trainers are placed in the employee file. **Position Responsible for Monitoring Implementation**: Provider identifies the Program Director position as the position responsible for monitoring implementation of the CAP.	8/3/2023

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The Program Director will print and place training documentation in the employee file and document on employee log that training is complete and in compliance monthly. OLR) Accepted 08/26/2023	
12VAC35-46-420. C. - The facility shall document annually after the initial application that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51).	N	This regulation was NOT MET as evidenced by: Upon request of documents, proof was not provided to demonstrate that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) annually. Facilities are responsible for obtaining fire inspections annually and for submitting copies of the inspection reports to the licensing specialist.	PR) 08/03/2023 RCA The Program Director provides employee training. Systematic Plan: As part of the CAP, the provider will take the following actions to demonstrate that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51) annually. • The provider will schedule fire inspection yearly. • The provider will submit an inspection report to licensing yearly. The provider understands that fire inspections must be completed yearly in accordance with the Virginia Statewide Fire Prevention Code **Monitoring Plan:** The Program Director will monitor that the fire inspection is completed. **Position Responsible for Monitoring Implementation**: Provider identifies the Program Director position as the position responsible for monitoring implementation of the CAP. The Program Director will schedule inspection and print inspection yearly. OLR) Accepted 08/26/2023	8/3/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-07-2023**
Program Type/Facility Name: **14-008 Gabrielle's House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Likisha Frazier, Regional Manager	(Signature of Organization Representative)	Date

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