License #: **3466-14-009**
Organization Name: **Optimum Youth Services LLC**

Date of Inspection: **06-29-2026**
Program Type/Facility Name: **14-009 Optimum Youth Services DBA StillWaters**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations; | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of the inspection, review of Employee #1's and Employee #2's personnel files did not include a copy of their most recent annual performance evaluation.<br><br>Provider maintained that both annual performance evaluations were completed, but no copies were located in the employee's personnel files by the specialist. | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the personnel record requirements regarding annual performance evaluations. The provider understands that completed annual performance evaluations must be maintained in each employee's personnel file. While the evaluations for Employee #1 and Employee #2 were completed, copies were not properly filed in their personnel records, resulting in the documentation not being available during the licensing inspection.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the following actions to ensure all annual performance evaluations are completed, maintained, and readily available for review:<br><br>• Place copies of Employees completed annual performance evaluations in their personnel files immediately.<br>• Conduct an audit of all employee personnel files to verify that required documentation, including annual performance evaluations, is complete and current.<br>• Implement a personnel file checklist to ensure all required documents are filed promptly upon completion.<br>• Establish a tracking system to notify the Program Director and supervisors when annual performance evaluations are due.<br>• Conduct quarterly personnel file audits to ensure continued compliance with documentation requirements.<br><br>The provider understands that maintaining | 8/14/2026 |

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| | | | complete and accurate personnel records is essential to demonstrating compliance with licensing regulations and ensuring appropriate oversight of staff performance.<br><br>**Monitoring Plan:**<br>The Program Director will monitor personnel files quarterly to ensure annual performance evaluations are completed on time and maintained in each employee's personnel file. Any missing documentation identified during audits will be corrected immediately.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-450. A. - Plumbing shall be maintained in good operational condition. | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of inspection, the toilet in the hallway bathroom was not in working condition and had been unusable. | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the licensing regulations regarding maintaining the physical environment in a safe and operable condition. The provider understands that all plumbing fixtures, including toilets, must be maintained in good working order. The hallway bathroom toilet became inoperable due to a maintenance issue and was repaired during the licensing inspection.<br><br>**Systematic Plan:**<br><br>• As part of the CAP, the provider will take the following actions to ensure all plumbing fixtures remain in proper working condition: | 8/14/2026 |

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| | | | • Continue conducting routine inspections of the physical plant, including all bathroom fixtures, to identify maintenance concerns promptly.<br>• Require staff to immediately report any inoperable equipment or facility concerns to the Program Director so repairs can be initiated without delay.<br>• Ensure maintenance issues affecting resident health and safety are prioritized and corrected as soon as they are identified.<br>• The provider understands that maintaining all bathroom facilities in safe and working condition is essential to ensuring the health, safety, and well-being of residents and maintaining compliance with licensing regulations.<br><br>**Monitoring Plan:**<br>The Manager will conduct and document weekly facility inspections to verify that all toilets, sinks, showers, and other plumbing fixtures remain in good working order. Any deficiencies identified will be addressed immediately, documented in the maintenance log, and monitored until resolved.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the  as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-450. B. - An adequate supply of hot and cold running water shall be available | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by: | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the licensing regulations | 8/14/2026 |

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| at all times. | | At the time of inspection, the kitchen sink water would not heat up appropriately. The hot water did not increase above 86 degrees with no maintenance intervention. | regarding maintaining adequate hot water in the group home. The provider understands that kitchen sink water must reach and maintain the temperature required by applicable licensing regulations. At the time of inspection, the kitchen sink water temperature did not increase above 86°F without maintenance intervention. The provider recognizes that maintaining appropriate hot water is necessary to support proper sanitation, hygiene, and resident health and safety.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the following actions to ensure the kitchen sink maintains appropriate hot water:<br><br>• The kitchen sink hot water system will be monitored to ensure the water reaches the temperature required by licensing regulations 116F-120F.<br>• The provider will verify and document the kitchen sink water temperature weekly.<br>• Kitchen sink water temperature will be included in the facility's routine environmental safety inspections.<br>• Staff will be required to immediately report any concerns regarding inadequate hot water to the Program Director for prompt correction.<br>• The provider will maintain documentation of any maintenance, repairs, or service performed related to the hot water system.<br><br>The provider understands that maintaining adequate hot water is essential to supporting proper sanitation, hygiene, resident health, and safety and ensuring compliance with licensing | |

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| | | | regulations.<br><br>**Monitoring Plan:**<br>The Program Director will review weekly chart environmental inspections to verify that the kitchen sink is producing and maintaining hot water at the temperature required by licensing regulations. Any deficiency identified will be reported to maintenance and corrected promptly. Documentation of monitoring and corrective maintenance will be maintained for review.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-500. B. - Windows in bathrooms, sleeping areas, and dressing areas shall provide for privacy. | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of inspection, group home window in the bathroom did not provider privacy. Temporary curtain was tacked onto the window frame, but more permanent solution needs to be identified. | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the licensing regulations regarding maintaining resident privacy within the group home. The provider understands that bathroom windows must provide adequate privacy for residents. At the time of inspection, a temporary curtain had been placed on the bathroom window; however, a more permanent privacy solution was needed. A new window treatment has since been installed to ensure appropriate privacy is maintained.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the following actions to ensure bathroom windows provide appropriate privacy: | 8/14/2026 |

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| | | | • A permanent window treatment has been installed on the bathroom window to provide adequate privacy for residents.<br>• The provider will conduct routine environmental inspections to ensure all window coverings and privacy measures remain secure and in good condition.<br>• Window treatments and resident privacy measures will be included on the weekly environmental safety inspection checklist.<br>• Staff will be required to immediately report any damaged, missing, or inadequate privacy coverings to the Program Director for prompt correction.<br><br>The provider understands that maintaining resident privacy is essential to protecting residents' dignity, safety, and well-being and ensuring compliance with licensing regulations.<br><br>**Monitoring Plan:**<br>The Program Director will conduct and document weekly environmental inspections to verify that all required privacy measures, including bathroom window treatments, remain in place and are maintained appropriately. Any deficiencies identified will be corrected immediately.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-600. A. - All furnishings and | N | Optimum Youth Services DBA StillWaters | PR) 08/13/2026 | 8/14/2026 |

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| equipment shall be safe, clean, and suitable to the ages and number of residents. | | This regulation was NOT MET as evidenced by:<br><br>At the time of inspection, multiple air vents throughout the home and bathrooms were rusted and in need of replacing. | **RCA:**<br>The provider reviewed the licensing regulations regarding maintaining the physical environment in a safe and sanitary condition. The provider understands that fixtures and equipment must be maintained in good repair. At the time of inspection, multiple air vents throughout the home and bathrooms were observed to have rust and were in need of attention. The provider addressed the concern by repainting the affected air vents to restore their appearance and maintain the condition of the fixtures.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the following actions to ensure the home's fixtures remain in good condition:<br><br>• Rusted air vents throughout the home and bathrooms were replaced to address the identified concern.<br>• Conduct routine environmental inspections to identify any additional maintenance needs throughout the home.<br>• Include inspection of air vents, fixtures, and other physical plant concerns on the weekly environmental safety checklist.<br>• Maintain documentation of maintenance activities and repairs completed.<br>• Require staff to promptly report any maintenance concerns to the Program Director to ensure timely corrective action.<br><br>The provider understands that maintaining the physical environment in good repair promotes the health, safety, and well-being of residents and ensures ongoing compliance with licensing regulations. | |

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| | | | **Monitoring Plan:**<br>The Program Director will conduct and document weekly environmental inspections to ensure all fixtures, including air vents, remain in good condition. Any maintenance concerns identified will be documented, addressed promptly, and monitored until resolved.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate. | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of inspection, review of Individual #1's record included a face sheet, but upon further review, Individual #1's face sheet did not contain Individual #1's social security number or other unique identifier and religious preference.<br><br>At the time of inspection, review of Individual #2's record included a face sheet, but upon further review, Individual #2's face sheet did not contain Individual #2's religious preference. | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the licensing regulations regarding the required information to be maintained on each individual's face sheet. The provider understands that each individual's face sheet must contain all required identifying and personal information, including the individual's Social Security number or other unique identifier and religious preference, as applicable. During the inspection, Individual #1's face sheet did not contain the required Social Security number or other unique identifier or religious preference, and Individual #2's face sheet did not contain the required religious preference. The deficiency occurred due to the provider's record review process not adequately verifying that all required face sheet information was complete and current.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the | 8/14/2026 |

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| | | | following actions to ensure all individual face sheets contain the required information:<br>• The provider will review and update Individual #1's face sheet to include the required Social Security number or other unique identifier and religious preference.<br>• The provider will review and update Individual #2's face sheet to include the required religious preference.<br>• The provider will conduct a complete audit of all individuals' records to ensure that each face sheet contains all information required by licensing regulations.<br>• The provider will incorporate a face sheet review into the admission and annual record review process to ensure required information is complete and current.<br>• Staff responsible for maintaining individual records will be trained on the licensing requirements for face sheets and required identifying information.<br>• Any missing or incomplete information identified during record reviews will be corrected promptly.<br><br>The provider understands that maintaining complete and accurate individual records is essential to ensuring regulatory compliance and supporting the appropriate identification, care, and services of each individual.<br><br>**Monitoring Plan:**<br>The Program Director will conduct and document a monthly audit of individual records to verify that all required information is present and current on each face sheet. Any deficiencies identified will be corrected immediately. The Program Director will also review compliance during admission | |

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| | | | and annual record reviews.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |
| 12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days. | N | Optimum Youth Services DBA StillWaters<br><br>This regulation was NOT MET as evidenced by:<br><br>At the time of inspection, review of Individual #1's and Individual #2's records included a screening assessment for tuberculosis, but upon further review, it was determined that Individual #1's and Individual #2's screening assessments for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health were not completed within seven days of placement.<br><br>Individual #1 was placed on 02/20/2026 and TB screening assessment was dated 03/10/2026.<br><br>Individual #2 was placed on 08/19/2025 and TB screening assessment was dated 09/08/2025. | PR) 08/13/2026<br><br>**RCA:**<br>The provider reviewed the licensing regulations regarding the completion of tuberculosis (TB) screening assessments for individuals upon placement. The provider understands that a TB screening assessment, completed on a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health, must be completed within seven days of placement. During the inspection, it was identified that Individual #1 was placed on 02/20/2026, but the TB screening assessment was dated 03/10/2026. Individual #2 was placed on 08/19/2025, but the TB screening assessment was dated 09/08/2025. The deficiency occurred due to the provider's admission and record review process not adequately understanding the required seven-day timeframe for completion of TB screening assessments.<br><br>**Systematic Plan:**<br>As part of the CAP, the provider will take the following actions to ensure TB screening assessments are completed within the required timeframe: | 8/14/2026 |

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| | | | • The provider will review and remain current with all updated licensing regulations and requirements to ensure ongoing compliance.<br>• The provider will review records and ensure the TB screening documentation is complete and maintained in each individual's record.<br>• The provider will conduct an audit of all current individuals' records to verify that required TB screening assessments were completed within seven days of placement.<br>• The **admission process** will be updated to include a specific step for completing and documenting the TB screening assessment within seven days of placement.<br>• The provider will maintain a tracking system/calendar to identify the placement date and the seven-day deadline for completion of each individual's TB screening assessment.<br>• Staff responsible for admissions and record maintenance will be trained on the applicable TB screening requirements and the required Virginia Department of Health screening form elements.<br>• The Program Director will review new admission records to verify that TB screening requirements are completed within the required timeframe.<br><br>The provider understands that timely completion and documentation of TB screening assessments is essential to protecting the health and safety of individuals and ensuring compliance with licensing regulations. | |

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| | | | **Monitoring Plan:**<br>The Program Director will conduct and document monthly audits of individual records to verify compliance with TB screening requirements. For each new placement, the Program Director or designee will verify that the TB screening assessment is completed within seven days of placement. Any deficiency identified will be corrected immediately and documented.<br><br>**Position Responsible for Monitoring Implementation:**<br>The provider identifies the Program Director as the position responsible for monitoring implementation of the approved Corrective Action Plan (CAP).<br><br>OLR) Accepted 08/15/2026 | |

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**General Comments / Recommendations:**
**The specialist recommends:**

**Please include the following in each citation response:**

**1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.**
**2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation.**
**3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).**
**4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).**

**Please respond to the Licensing Report on or before the due date.**

**Please include any relevant documents as attachments for proof of action taken, as applicable.**

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.

| Allison Powers, Licensing Specialist | (Signature of Organization Representative) | Date |
|---|---|---|

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