

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **3604-14-008**

Organization Name: **Always Blossom, LLC**

Date of Inspection: **03-10-2022**

Program Type/Facility Name: **14-008 Always Blossom, LLC**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-450. C. - Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.	N	Always Blossom, LLC This regulation was NOT MET as evidenced by: The provider's water temperature was 128.8 degrees Fahrenheit. The provider will need to adjust the water to prevent scalding water.	PR) 03/29/2022 A. Root cause of violation- Failure to provide precautions to prevent scalding from running water. B. Systemic plan of action- Overnight Staff person will conduct daily running water temperature checks to ensure proper temperature readings are between 100.0 F and 120.0 F. C. Frequency for monitoring the plan and how it will be monitored- The running water temperature will be monitored daily to ensure the temperature readings are between 100.0 F and 120.0 F, the readings will then be recorded daily in the logbook to ensure accuracy. OLR) Accepted 04/04/2022	4/4/2022

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12VAC35-46-750. A. - An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.	N	Always Blossom, LLC This regulation was NOT MET as evidenced by: In review on Individual #1's record, there is no documented evidence of an individual service plan containing goals, objectives, and projected time frames.	PR) 03/29/2022 A. Root cause of action- Failure to provide an individualized service plan in the individual's record within 30 days of admission. B. Systemic Plan of Action- Program Director will prepare an individualized service plan and place in individual's record within 30 days of their admission date. C. Frequency for monitoring the plan and how it will be monitored- Within 30 days of admission date the Program Director will check the individual's record for accuracy for a completed individualized service plan. This accuracy check will be done each time a new resident is admitted to the facility. Individualized service plan was placed in the record of Individual #1. OLR) Accepted 04/04/2022	4/4/2022

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12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Always Blossom, LLC This regulation was NOT MET as evidenced by: Medication #3 was listed on the medication administration record for Individual #2, however, the medication was no on site during the inspection.	PR) 03/29/2022 A. Root cause of violation- Failure to have medication on site that was prescribed by a person authorized to administer medication by law per the medication record. B. Systemic Plan of Action- Medication that is discontinued and/or a new prescription is written, the Program Director will notify the pharmacy, in order to make sure the Medication Record is updated and accurate. C. Frequency for monitoring the plan and how it will be monitored- The Program Director will check the medication record monthly to verify the accuracy of daily and weekly medication reviews. Medication record for Individual #1 was updated to show the medication was discontinued. OLR) Accepted 04/04/2022	4/4/2022

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12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Always Blossom, LLC This regulation was NOT MET as evidenced by: Staff failed to initial the medication administration record for medications #1 and #2 for Individual #1 on March 9, 2022.	PR) 03/29/2022 A. Root cause of violation- Failure to initial the medication administration record for a prescribed medication. B. Systemic Plan of Action- Staff will make an entry in the medication record for each scheduled time of medication administration. Staff initials will mark medication was received by the individual. C. Frequency for monitoring the plan and how it will be monitored- To ensure accurate medication administration and documentation of each individual, the overnight staff person will review the medication record each day. Any errors found shall be immediately reported to the Program Director for review and/or correction. The medication administration record was initialed in the proper spots for the correct date of 3/9/22 for Individual #1. OLR) Accepted 04/04/2022	4/4/2022

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General Comments / Recommendations: No recommendation				
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 Willis, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				