

**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: **09-21-2022**

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>
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Always Blossom, LLC This regulation was NOT MET as evidenced by: In review of Employee #1's personnel record, there is no documented evidence of the results from child protective services.	PR) 09/25/2022 A. Root cause of violation- Failure to provide a central registry check in the personnel file and failure to review personnel files on a consistent basis. B. Systemic plan of action- Owner will conduct bi-monthly personnel chart audits to ensure all files are in compliance. C. Frequency for monitoring the plan and how it will be monitored- The personnel files will be audited on a bi-monthly basis to ensure all personnel files are in compliance with all required documents and certifications. There will be a check list to follow listing all required documents that should be in each personnel file. The Central Registry Check record was completed and submitted to Department of Social Services for Employee #1. OLR) Accepted 10/03/2022	9/26/2022

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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	Always Blossom, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's record, the last known residence was not documented on the face sheet.	PR) 09/25/2022 A. Root cause of violation- Failure to complete the Face Sheet in its entirety, and failure to review resident's files during intake ensuring all information is correct and current. B. Systemic plan of action- Owner and Program Director will check monthly to ensure all resident's files are current and up to date. C. Frequency for monitoring the plan and how it will be monitored- Program Director will ensure all resident's files are current and in compliance by conducting weekly chart audits. The last known residence was updated on the Face Sheet for Individual #1. OLR) Accepted 10/03/2022	9/26/2022

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General Comments / Recommendations: Specialist recommends for the provider to maintain separate health records for all employees.				
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				