DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3604-14-009**
Organization Name: **Always Blossom, LLC**

Date of Inspection: **04-29-2024**
Program Type/Facility Name: **14-009 Always Blossom II**

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	Always Blossom II This regulation was NOT MET as evidenced by: In review of Employee #3's personnel records, there was no documented evidence of a performance evaluation for the year 2024. Employee #3's hire date was March 1, 2023.	PR) 05/21/2024 A. Root cause of violation: Failure to provide an annual performance evaluation for an employee. B. Systemic Plan of Action: Program Director 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. Program Director or Owner will complete all annual evaluations one year from hire date. The performance evaluation was completed for Employee #3 OLR) Accepted 05/30/2024	5/3/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. C. - Personnel records, including separate health records, shall be retained in their entirety for at least three years after separation from employment, contractual service, student/intern, or volunteer service.	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. In review of Employee #1's personnel record, the tuberculosis results was completed in November, 2023. Employee #1's hire date was August 9, 2023. 2. In review of Employee #2's personnel record, the tuberculosis results was completed in October, 2023. Employee #2's hire date was July 11, 2023.	PR) 05/21/2024 A. Root cause of violation: Failure to provide at the time of hire, the result of a screening assessment documenting absence of tuberculosis, assessment shall not be older than 30 days. B. System Plan of Action: Program Director will review all new personnel files for the presence of a completed tuberculosis screening within 30 days. C. Frequency for monitoring the plan and how it will be monitored: All personnel files will be audited within 30 days of hire by the Program Director, to ensure all required documents and certification are in the file. OLR) Accepted 05/30/2024	5/3/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Always Blossom II This regulation was NOT MET as evidenced by: During the onsite inspection, the following items were noted for repair: 1. There is a medium size crack in the living room ceiling plaster. 2. Specialist observed that the bedroom door in room #1 had a crack in the door panel near the doorknob.	PR) 05/21/2024 A. Root cause of violation: Failure to ensure the building was properly maintained and in good working order. B. Systemic Plan of Action: Program Director will conduct weekly checks of the interior and exterior of the building to determine if it appears to be clean and in good working order. C. Frequency for monitoring the plan and how it will be monitored: The Program Director will do weekly checks of the interior and exterior of the building and logged in the maintenance book to ensure it was done and if any findings to be referred to owner to be repaired. Medium size crack in living room ceiling was repaired. Bedroom door crack in Room #1 by the doorknob was repaired. OLR) Accepted 05/30/2024	5/13/2024

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12VAC35-46-850. G. (1) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed;	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list all medication that were onsite on the medication administration record. B. Systemic Plan of Action: Program Director will log all medications on the Medication Administration Record of an individual as soon as the medications are received onsite. C. Frequency for monitoring the plan and how it will be monitored: To ensure accurate medication administration and documentation of each individual, the medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. The medication administration record for individual #1 was updated. The medication administration record for individual #2 was updated OLR) Accepted 05/30/2024	5/1/2024

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12VAC35-46-850. G. (2) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 2. Drug name;	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list the medication name on the medication administration record of a medication that was onsite. B. Systemic Plan of Action: Program Director will log all drug names on the medication administration record as soon as the medications are received onsite. C. Frequency for monitoring the plan and how it will be monitored: To ensure accurate medication administration and documentation of each individual, the medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. The medication administration record for individual #1 was updated. The medication administration record for individual #2 was updated. OLR) Accepted 05/30/2024	5/1/2024

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12VAC35-46-850. G. (3) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 3. Schedule for administration;	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list the schedule for administration on the medication administration record of a medication that was onsite. B. Systemic Plan of Action: Program Director will list the schedule for the administration of medications on the medication administration record as soon as the medications are received onsite. C. Frequency for monitoring the plan and how it will be monitored: To ensure accurate medication administration and documentation of each individual, the medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. The medication administration record for individual #1 was updated. The medication administration record for individual #2 was updated. OLR) Accepted 05/30/2024	5/1/2024

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12VAC35-46-850. G. (4) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 4. Strength;	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list the strength of a medication on the medication administration record of a medication that was onsite. B. System Plan of action: Program Director will list the strength of the medication on the medication administration record as soon as the medications are received onsite. C. Frequency for monitoring the plan and how it will be monitored: To ensure accurate medication administration and documentation of each individual, the medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. The medication administration record for individual #1 was updated. The medication administration record for individual #2 was updated OLR) Accepted 05/30/2024	5/1/2024

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12VAC35-46-850. G. (5) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 5. Route;	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list the route of the medication on the medication administration record of a medication that was onsite. B. Systemic Plan of action: Program Director will list the route of the medication on the medication administration record as soon as the medication is received onsite. C. Frequency for monitoring the plan and how it will be monitored: To ensure accurate medication administration and documentation of each individual, the medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. The medication administration record for individual #1 was updated. The medication administration record for individual #2 was updated. OLR) Accepted 05/30/2024	5/1/2024

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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 II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to initial the medication administration record for the medication that was onsite. B. Systemic Plan of action: Staff trained to administer medication will make an entry on the medication administration 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 medication trained overnight staff will review the medication record each day. Any errors found will be reported immediately to the Program Director for review and/or correction. OLR) Accepted 05/30/2024	5/1/2024

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12VAC35-46-850. G. (7) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 7. Dates the medication was discontinued or changed.	N	Always Blossom II This regulation was NOT MET as evidenced by: 1. Medications #1-#3 were onsite, but not listed on the medication administration record for Individual #1. 2. Medications #4 and #5 were onsite, but not listed on the medication administration record for Individual #2.	PR) 05/21/2024 A. Root cause of violation: Failure to list the date the medication was discontinued or changed. 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 Administration Record is updated and accurate. C. Frequency for monitoring the plan and how it will be monitored: The Program Director will check the medication administration record weekly to verify the accuracy of daily medication administration logs in the record. The medication record for Individual #1 was updated. The medication record for Individual #2 was updated. OLR) Accepted 05/30/2024	5/1/2024

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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.

Nicole Willis, Licensing Specialist	(Signature of Organization Representative)	Date

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