DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **4267-14-008**
Organization Name: **Lighthouse 1, LLC**

Date of Inspection: **03-25-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: See OHR citation.		5/9/2024
12VAC35-115-230. A. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: • Upon review of CHRIS entries A-20240001, the provider became aware of the incident on 2/5/2024. The CHRIS entry was made on 3/21/2024. • Upon review of CHRIS entries A-20240002, the provider became aware of the incident on 3/2/2024. The CHRIS entry was made on 3/21/2024. The provider failed to report the allegation to the department within 24 hours of receipt.	PR) 04/19/2024 The corrective action plan regarding CHRIS reporting and investigations is as follows: The administrative staff has been retrained on CHRIS reporting. They also completed the investigation training offered by DBHDS, which covered reporting time criteria. Three administrators completed the class on 4/18/2024. Lighthouse 1 will place the certificate for said staff in each person's personnel file. The policy will be amended to require that all CHRIS reports be completed by a trained administrator within 24 hours, as stated in state regulations. Direct Support staff have been trained, and the policy has been updated to require that any serious incidents be documented and communicated to an administrator 2 hours following the end of the	5/9/2024

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12VAC35-115-175).			event. A trained investigator will begin an investigation and report its findings to the Office of Human Rights within 10 working days of the investigation beginning. The final investigative report will be filed and stored at the residential facility. OHR/OLR) Partially Accepted 04/22/2024 OHR Response: Partially Accepted- The provider's pledged plan of action fails to include specific details of the plan of action to address systematic changes that have been or will be implemented to ensure the provider remains in compliance of the regulation. The provider is requested to provide specific details of how the corrective action plan will be monitored, the frequency for monitoring, and who will be responsible for the monitoring. (Ex: monthly audits, weekly chart reviews, daily checklist). PR) 05/02/2024 We will create a checklist that will include all steps for reporting within CHRIS and Human Rights that will follow all regulations. Moving forward, the Chief Administrative Officer or designated administrator will conduct weekly reviews within the web-based reporting application to ensure that all reports and citations have been completed. A monthly audit will also be	

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			conducted to ensure that internal documentation is filed correctly at the group home. OHR/OLR) Accepted 05/02/2024	

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.

Andrea Milhouse, Human Rights | (Signature of Organization Representative) | Date

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