DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-10-2024**
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. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: • Upon review of CHRIS entry, A-20240001 on 4/8/2024, the provider's investigation began 2/5/2024. The written report of the results of the investigation were provided on 4/8/2024. The provider failed to provide a written report of the results of the investigation via the department's web-based application within 10 working days from the date in which the investigation began. • Upon review of CHRIS entry, A-20240002 on 4/8/2024, the provider was made aware of the allegation on 3/2/2024. As of 4/8/2024, the written report of the results of the investigation have not been provided. The provider failed to provide a written report of the results of the investigation via the department's web-based application within 10	PR) 05/02/2024 The corrective action plan regarding CHRIS reporting and investigations is as follows: All three administrators completed the investigation training on April 18, 2024. All certificates have been placed in the administrator files. The policy was amended internally reflecting that following a CHRIS reportable incident an investigation will be within 24 hours of receipt of the allegation, if applicable. Furthermore,	5/9/2024

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application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;		working days from the date in which the investigation began.	the policy amendment reflects that the investigation will be completed within 10 business days. All internal documentation findings from the investigation will be filed at the group home in an investigation file. OHR/OLR) Partially Accepted 05/02/2024 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. Completion within 1 week. Moving forward, the Chief Administrative Officer or designated administrator will conduct weekly reviews within the web-based reporting application to ensure	

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			that all reports and citations have been completed. A monthly audit will also be 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