DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-17-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-80. D. - The provider shall submit the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a threat to the health, safety, or welfare of residents.	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: The provider failed to submit a corrective action plan to the department by the requested due date. Health and Safety citations were issued and due by 4/12/24. The provider is required to use the following to respond to the CAP: 1. Please identify the root cause(s) of the violation. 2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again. 3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist). 4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP. 5. Include a date of completion for each corrective action.	PR) 05/08/2024 The corrective action plan is moving forward regarding the provider submitting the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions may be granted by the department when requested prior to the due date but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a threat to the health, safety, or welfare of residents. The corrective action plan responses will be completed and submitted for approval. Root Cause: (1) Completion of the corrective action plans was not done on time. (2) Designating specific regulations for administrative staff assisting is needed. (3) A timeline for staff to follow is needed. We will review all policies and procedures to ensure they comply with regulations. Completion within 1-2 weeks. Moving forward, the provider will conduct monthly reviews to ensure that all	5/22/2024

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

Date of Inspection: **04-17-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			corrective action plans are implemented. Sessions will be scheduled with administrative staff to review implementation. OLR) Accepted 05/22/2024	

General Comments / Recommendations:
The licensing specialist recommends the provider review regulation 12VAC35-46-80 for compliance.

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.

Melonie Beatty, Licensing Specialist	(Signature of Organization Representative)	Date

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