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

Date of Inspection: **05-22-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's service record, there failed to be documented evidence that the provider developed individualized, measurable objectives and strategies for the first 30 days of admission. In review of Individual #2's service record, there failed to be documented evidence that the provider developed individualized, measurable objectives and strategies for the first 30 days of admission. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding individualized, measurable objectives and strategies for the first 30 days of admission. The initial assessment form should be completed to include an Individualized service plan and/or exiting safety plan from the last place of residency. Initial assessment for Individual #1 and Individual #2 will be completed and included in the files within eight business days. Root Cause: (1) Completion of Initial Assessment was not done. (2) Staffing for this position failed. (3) Need to hire a QMHP for this position. The corrective plan of action will include increasing the number of hired QMHP to ensure assessments are completed. Moving forward, the Chief Administrative Officer will ensure that the facility has sufficient staffing for this position. Weekly file reviews will be continued to ensure that all documentation will be included. OLR) Not Accepted 07/09/2024 A QMHP does not meet the requirements to complete clinical assessments. The provider is required to have assessments completed by a LMHP, LMHP-R, LMHP-RP or LMHP-S. The provider is required to respond to the CAP with the appropriate assessment requirements. The provider is required to upload a copy of the completed assessment with the CAP. PR) 07/29/2024	7/10/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The hiring of a LMHP has not been completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 Completion of Initial Assessment and ISP for Individual 1 and Individual 2 OLR) Accepted 09/12/2024	
12VAC35-46-750. A. - An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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.	PR) 06/28/2024 The corrective action plan moving forward regarding individualized service plan. The individualized service plan will be completed, distributed to the resident, the resident's family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will	7/10/2024

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		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.	be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/09/2024 The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 has been completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 ISP for Individual #2 complete OLR) Not Accepted 09/12/2024	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 09/19/2024 ISP Completed for Individual #2 OLR) Accepted 09/19/2024 There is an error on the completion date. The provider is required to correct the date and upload the corrected ISP with the CAP.	
12VAC35-46-750. B. (1) - Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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	PR) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include the strengths and needs of the resident. The individualized service plan will be completed, distributed to the resident, the resident's family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks.	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		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.	An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/09/2024 The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 has been completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			ISP for Individual #2 completed OLR) Accepted 09/12/2024	
12VAC35-46-750. B. (2) - Individualized service plans shall describe in measurable terms the: 2.Resident's current level of functioning;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. he 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) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include residents' current level of functioning. The individualized service plan will be completed, distributed to the resident, the resident's family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations.	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			OLR) Not Accepted 07/09/2024 The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 has been completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 ISP for Individual #2 completed OLR) Accepted 09/12/2024	
12VAC35-46-750. B. (3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. he provider is required to use the following to respond to the CAP:	PR) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include residents goals, objectives, and strategies established for the resident. The individualized service plan will be completed, distributed to the resident, the resident's family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files.	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		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.	Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/15/2024 The provider is required to utilize employees/contractors who meet the requirements/eligibility to write and/or supervise the writing and implementation of an ISP to respond to the citations. The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 is completed.	

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			OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 ISP for Individual #2 is complete OLR) Accepted 09/12/2024	
12VAC35-46-750. B. (4) - Individualized service plans shall describe in measurable terms the: 4. Projected family involvement;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: The provider is required to use the following to respond to the CAP: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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	PR) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include projected family involvement. The individualized service plan will be completed, distributed to the resident, the resident's family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further	7/12/2024

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		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.	information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/15/2024 The provider is required to utilize employees/contractors who meet the requirements/eligibility to write and/or supervise the writing and implementation of an ISP to respond to the citations. The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 has been completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 ISP for Individual #2 is complete	

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			OLR) Accepted 09/12/2024	
12VAC35-46-750. B. (5) - Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: The provider is required to use the following to respond to the CAP: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include projected date for accomplishing each objective. The individualized service plan will be completed, distributed to the resident, the residents family, if appropriate, legal guardian, or authorized representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/15/2024	7/12/2024

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			The provider is required to utilize employees/contractors who meet the requirements/eligibility to write and/or supervise the writing and implementation of an ISP to respond to the citations. The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 is completed. OLR) Not Accepted 08/12/2024 The provider is required to hire qualified employees and/or contractors to complete ISP's. The provider is required to upload an ISP for Individual #2 completed by a qualified professional. PR) 08/26/2024 ISP for Individual #2 is complete OLR) Accepted 09/12/2024	
12VAC35-46-750. B. (6) - Individualized service plans shall describe in measurable terms the: 6. Status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges only upon receipt of the	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: The provider is required to use the following to respond to the CAP: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this	PR) 06/28/2024 The corrective action plan moving forward regarding individualized service plan describing measurable terms that include the status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges only upon receipt of the order of a court of competent jurisdiction. The individualized service plan will be completed, distributed to the resident, the residents family, if appropriate, legal guardian, or authorized	7/12/2024

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order of a court of competent jurisdiction.		regulation during an inspection on 3/27/2024. 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.	representative, the placing agency, and appropriate facility staff, and included in all individual files. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/15/2024 The provider is required to utilize employees/contractors who meet the requirements/eligibility to write and/or supervise the writing and implementation of an ISP to respond to the citations. The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP.	

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			PR) 07/29/2024 The ISP for Individual #2 is completed. OLR) Accepted 09/18/2024	
12VAC35-46-750. C. - The initial individualized service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding individualized service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary. The individualized service plan will be reviewed and revised as necessary. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Not Accepted 07/15/2024	7/12/2024

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			The provider is required to utilize employees/contractors who meet the requirements/eligibility to write and/or supervise the writing and implementation of an ISP to respond to the citations. The provider is required to upload the completed Individualized Service Plan for Individual #2 with the CAP. PR) 07/29/2024 The ISP for Individual #2 is completed. OLR) Accepted 09/18/2024	

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12VAC35-46-750. D. (1) - The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 1. Format;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. In review of Individual #2's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding development and implementation of written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the format. Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #1’s and Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. D. (2) - The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 2. Frequency;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. In review of Individual #2's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding development and implementation of written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the frequency. Progress notes will be completed according to the individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #1’s and Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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

Date of Inspection: **05-22-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. D. (3) - The provider shall develop and implement written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the: 3. Person responsible.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. In review of Individual #2's service record, there failed to be documented evidence that the provider developed and implemented written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding development and implementation of written policies and procedures to document progress of the resident towards meeting goals and objectives of the individualized service plan that shall include the person responsible. Progress notes will be completed according to the individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #1's and Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documented quarterly review of each residents progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the residents progress toward meeting the plans objectives Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (2) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 2. Family's involvement;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documented quarterly review of each residents progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the family involvement. Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (3) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 3. Continuing needs of the resident;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documented quarterly review of each residents progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the continuing needs of the resident. Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (4) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 4. Resident's progress towards discharge;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documented quarterly review of each residents progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the residents progress towards discharge. Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (5) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 5. Status of discharge planning.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documented quarterly review of each residents progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report status of discharge planning. Progress notes will be completed according to individualized service plan with revisions. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. F. - Each plan and quarterly progress report shall include the date it was developed and the signature of the person who developed it.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding each plan and quarterly progress report shall include the date it was developed and the signature of the person who developed it. Progress notes will be completed according to individualized service plan including the date and signature of the person who developed it. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. G. - Staff responsible for daily implementation of the resident's individualized service plan shall be able to describe the resident's behavior in terms of the objectives in the plan.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding staff responsible for daily implementation of the residents individualized service plan shall be able to describe the residents behavior in terms of the objectives in the plan. The direct care staff will be responsible for daily implementation of the resident's individualized service plan and describe the residents behavior in terms of the objectives in the plan. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. H. (1) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 1. The resident;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report including the resident in the process. The resident shall be included in developing and updating the individualized service plan and in developing the quarterly progress report. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024
12VAC35-46-750. H.	NS	Lighthouse 1, LLC	PR) 06/28/2024	7/12/2024

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(2) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate, and legal guardian;		This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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.	The corrective action plan moving forward regarding documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report including the residents family, if appropriate, and legal guardian. The residents family, if appropriate, and legal guardian shall be included in developing and updating the individualized service plan and in developing the quarterly progress report. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	

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12VAC35-46-750. H. (3) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 3. The placing agency;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report including the placing agency. The placing agency shall be included in developing and updating the individualized service plan and in developing the quarterly progress report. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024

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Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. H. (4) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 4. Facility staff.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #2's service record, there failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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) 06/28/2024 The corrective action plan moving forward regarding documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report including the facility staff. The facility staff shall be included in developing and updating the individualized service plan and in developing the quarterly progress report. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	7/12/2024
12VAC35-46-750. I. -	NS	Lighthouse 1, LLC	PR) 06/28/2024	7/12/2024

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

Date of Inspection: **05-22-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
The initial individualized service plan, each update, and all quarterly progress reports shall be distributed to the resident; the resident's family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff.		This regulation was NOT MET as evidenced by: In review of Individual #1's service record, there failed to be documented evidence that an individualized service plan was distributed to the resident; the resident's family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff. There failed to be documented evidence that the provider completed an individualized service plan. In review of Individual #2's service record, there failed to be documented evidence that an individualized service plan was distributed to the resident; the resident's family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff. There failed to be documented evidence that the provider completed an individualized service plan. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/2024. 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.	The corrective action plan moving forward regarding the initial individualized service plan, each update, and all quarterly progress reports shall be distributed to the resident; the residents family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff. The Individualized Service Plans, monthly, and quarterly reports shall be completed and distributed to the resident; the residents family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff. Root Cause: Staffing for this position failed and we did not have a successful backup plan. Staffing for this position will be increased. We will hire or contract the services of a QMHP to complete the individualized service plan. Completion within 1-2 weeks. An Individualized service plan will be completed and included in Individual #1's and Individual #2's files to meet regulations. The Individualized service plan will be scheduled with all necessary parties upon admission. An email will be sent with further information. Scheduling of appointment time will be included on the Admission Checklist. Moving forward, the Chief Administrative Officer will (1) ensure that the facility has adequate staffing for this position and (2) conduct weekly file reviews to ensure the Individualized Service Plans and reports are included in all individual files. The initial individualized service plan shall be reviewed monthly and revised as necessary. Sessions will be scheduled to meet regulations. OLR) Accepted 07/15/2024	

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

Date of Inspection: **05-22-2024**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		5. Include a date of completion for each corrective action.		

General Comments / Recommendations:
The licensing specialist recommends the provider review regulations 12VAC35-46-740 and 12VAC35-46-750 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