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

Date of Inspection: **03-21-2025**
Program Type/Facility Name: **14-008 Lighthouse 1, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. A. (1) - There shall be a written job description for each position that, at a minimum, includes the: 1. Job title;	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Employee #3's personnel record, there failed to be documented evidence of a written job description for Risk Manager. The provider is required to upload documented evidence of a written job description for Risk Manager for Employee #3 with the CAP.	PR) 05/14/2025 The corrective action plan regarding written job description for each position that, at a minimum, includes the: 1. job title. The job description for risk management will be completed and included in the employee file. Root Cause: The root cause of the noncompliance is the failure to follow established personnel documentation procedures, which may be due to: 1. Inadequate oversight during the onboarding process. 2. Lack of clear responsibility for verifying that all required documentation is present in personnel files. 3. Lack of regular audits to ensure completeness of personnel records. 4. Possible miscommunication regarding required documentation. Moving forward, the chief administrative officer will verify that all new hires have complete personnel documentation, including written job descriptions. There will be retraining on documentation procedures to ensure compliance. A checklist has been developed to verify the completeness and accuracy of all personnel files. The CAP is complete, and the Job Description has been placed in Employee #3. An internal audit will be conducted quarterly to ensure continued compliance with personnel documentation requirements.	5/14/2025

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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
			OLR) Accepted 06/06/2025	
12VAC35-46-280. A. (2) - There shall be a written job description for each position that, at a minimum, includes the: 2. Duties and responsibilities of the incumbent;	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Employee #3's personnel record, there failed to be documented evidence of a written job description for Risk Manager. The provider is required to upload documented evidence of a written job description for Risk Manager for Employee #3 with the CAP.	PR) 05/14/2025 The corrective action plan regarding written job description for each position that, at a minimum, includes the: 2. Duties and responsibilities of the incumbent. The job description for risk management will be completed and included in the employee file. Root Cause: The root cause of the noncompliance is the failure to follow established personnel documentation procedures, which may be due to: 1. Inadequate oversight during the onboarding process. 2. Lack of clear responsibility for verifying that all required documentation is present in personnel files. 3. Lack of regular audits to ensure completeness of personnel records. 4. Possible miscommunication regarding required documentation. Moving forward, the chief administrative officer will verify that all new hires have complete personnel documentation, including written job descriptions. There will be retraining on documentation procedures to ensure compliance. A checklist has been developed to verify the completeness and accuracy of all personnel files. The CAP is complete, and the Job Description has been placed in Employee #3. An internal audit will be conducted quarterly to ensure continued compliance with personnel	5/14/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			documentation requirements. OLR) Accepted 06/06/2025	
12VAC35-46-280. A. (3) - There shall be a written job description for each position that, at a minimum, includes the: 3. Job title of the immediate supervisor;	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Employee #3's personnel record, there failed to be documented evidence of a written job description for Risk Manager. The provider is required to upload documented evidence of a written job description for Risk Manager for Employee #3 with the CAP.	PR) 05/14/2025 The corrective action plan, regarding written job description for each position that, at a minimum, includes the: 3. Job title of the immediate supervisor. The job description for risk management will be completed and included in the employee file. Root Cause: The root cause of the noncompliance is the failure to follow established personnel documentation procedures, which may be due to: 1. Inadequate oversight during the onboarding process. 2. Lack of clear responsibility for verifying that all required documentation is present in personnel files. 3. Lack of regular audits to ensure completeness of personnel records. 4. Possible miscommunication regarding required documentation. Moving forward, the chief administrative officer will verify that all new hires have complete personnel documentation, including written job descriptions. There will be retraining on documentation procedures to ensure compliance. A checklist has been developed to verify the completeness and accuracy of all personnel files. The CAP is complete, and the Job Description has been placed in Employee #3. An internal	5/14/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			audit will be conducted quarterly to ensure continued compliance with personnel documentation requirements. OLR) Accepted 06/06/2025	
12VAC35-46-280. A. (4) - There shall be a written job description for each position that, at a minimum, includes the: 4. Minimum education, experience, knowledge, skills, and abilities required for entry-level performance of the job.	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Employee #3's personnel record, there failed to be documented evidence of a written job description for Risk Manager. The provider is required to upload documented evidence of a written job description for Risk Manager for Employee #3 with the CAP.	PR) 05/14/2025 The corrective action plan regarding written job description for each position that, at a minimum, includes the: 4. Minimum education, experience, knowledge, skills, and abilities required for entry-level performance of the job. The job description for risk management will be completed and included in the employee file. Root Cause: The root cause of the noncompliance is the failure to follow established personnel documentation procedures, which may be due to: 1. Inadequate oversight during the onboarding process. 2. Lack of clear responsibility for verifying that all required documentation is present in personnel files. 3. Lack of regular audits to ensure completeness of personnel records. 4. Possible miscommunication regarding required documentation. Moving forward, the chief administrative officer will verify that all new hires have complete personnel documentation, including written job descriptions. There will be retraining on documentation procedures to ensure compliance. A checklist has been developed to verify the completeness and accuracy of all personnel files.	5/14/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The CAP is complete, and the Job Description has been placed in Employee #3. An internal audit will be conducted quarterly to ensure continued compliance with personnel documentation requirements. OLR) Accepted 06/06/2025	
12VAC35-46-310. B. (3) - Required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Employee #2's personnel record, there failed to be documented evidence of annual retraining on behavior supports and timeout policies and procedures. The behavioral supports training expired on 2/3/24. The provider is required to upload documented evidence of current training in behavioral supports for Employee #2 with the CAP.	PR) 05/14/2025 The corrective action plan regarding required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures. The behavioral support training will be completed and placed in the employee #2 file. Root Cause: 1. The failure to provide annual retraining on the provider's behavior supports and timeout policies resulted from a lack of a structured training schedule and inadequate tracking of training completion. (2) Additionally, there was insufficient oversight to ensure that all staff remained compliant with the annual retraining requirements. Moving forward, the program director will integrate retraining reminders into the training management system to prevent future lapses. The chief administrative officer will include tracking in the provider training and development plan to ensure required behavior support training is completed.. Employee #2 completed training. OLR) Accepted 06/06/2025	5/13/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-440. B. - All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of the physical environment, there failed to be evidence that all areas within building were lighted for safety and sufficient for the activities being performed. There was one light bulb out in one bedroom and two in a second bedroom. The provider is required to upload evidence of replacement of light bulbs in both bedrooms with the CAP.	PR) 05/14/2025 The corrective action plan moving forward regarding all areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed. The lighting of the physical environment will be corrected to include changing light bulbs. Root Cause: 1. Inadequate lighting in two bedrooms due to burned-out light bulbs. 2. Lack of routine maintenance checks to ensure that all lighting fixtures are operational. 3. Inconsistent scheduling for inspecting and replacing light bulbs. 4. Lack of a designated staff member responsible for routine checks. Moving forward, the chief administrative officer will implement preventive measures of a weekly maintenance checklist for checking all lighting fixtures by a designated staff member. There will be weekly inspections, and all staff will be trained on the importance of routine maintenance for safety compliance. The CAP is complete; all light bulbs have been replaced in the entire facility. Staff will begin use of weekly maintenance checklist starting May 15, 2025. OLR) Accepted 06/06/2025	3/26/2025
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by:	PR) 05/14/2025 The corrective action plan moving forward regarding the interior and exterior of all buildings	5/14/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.		In review of the physical environment, there failed to be evidence that the building was properly maintained and in good working order. The upstairs bathroom sink was clogged, and the shower was nonoperational. The provider is required to upload evidence of repair to sink and shower with the CAP.	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. Proper maintenance of the sink and shower will be corrected for proper use. Root Cause 1. Lack of timely reporting and maintenance of plumbing issues. 2. Absence of a formal process for promptly reporting and addressing maintenance issues. 3. Inadequacy regarding timely facility repairs. Moving forward, the chief administrative officer will reinforce preventive measures to include a maintenance request log for staff to report issues promptly. Monthly inspections of the facility will be conducted to identify potential issues. Completion of clog sink was completed on 3/21/2025. Nonoperative shower is scheduled to be completed by _____. OLR) Partially Accepted 06/06/2025The provider is required to upload evidence of repair to sink and shower with the CAP. PR) 06/23/2025 The corrective action plan moving forward regarding 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. Proper maintenance of the sink and shower will	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			be corrected for proper use. Root Cause: • Lack of timely reporting and maintenance of plumbing issues. • Absence of a formal process for promptly reporting and addressing maintenance issues. • Inadequacy regarding timely facility repairs. Corrective Measures and Systemic Changes: • The Chief Administrative Officer (CAO) contacted a maintenance worker and licensed plumber to complete the necessary repairs. • A maintenance request log has been created for staff to report facility issues promptly. • Monthly facility inspections will be conducted by the CAO or designee to identify and address issues early. • All maintenance actions and follow-ups will be logged and reviewed for timely resolution. Staff Monitoring & Oversight: • The CAO will oversee monthly inspections and review the maintenance log weekly. • Direct care staff are responsible for using the maintenance log to report all facility issues as they arise. Completion Dates: Clogged sink: Completed on 3/21/2025	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Nonoperative shower: Completed on 5/14/2025 by a licensed plumber Moving forward, the chief administrative officer will reinforce preventive measures to include a maintenance request log for staff to report issues promptly. Monthly inspections of the facility will be conducted to identify potential issues. OLR) Accepted 07/14/2025	

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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.	N	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1 and Individual # 2's service records, there failed to be documented evidence that the initial objectives and strategies were signed by the employee developing the objectives and strategies and individual/guardian.	PR) 05/14/2025 The corrective action plan moving forward regarding written job description for each position that, at a minimum, includes the: 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. The initial objective and strategies will be signed by staff that completed the report, the individual/guardian, and put in resident’s file. Root Cause: The root cause of this issue was identified as a lack of clear procedural guidance and consistent staff training regarding the requirement to obtain signatures on initial objectives and strategies. Additionally, insufficient oversight and auditing practices failed to detect missing signatures in a timely manner. Moving forward, the Program Director will conduct a comprehensive review of all current residents to ensure that the initial objectives and strategies are signed by the employee who developed them and the individual/guardian. The chief administrative officer will develop and implement a standardized procedure that outlines the steps for documenting signatures on objectives and strategies. The review and corrections of current residents files will be completed. OLR) Accepted 06/06/2025	5/14/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. H. (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;	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1 and Individual # 2's service records, there failed to be documented evidence showing the involvement of the legal guardian in developing and updating the individualized service plan. In review of Individual #1 and Individual # 2's service records, there failed to be documented evidence of a signature of the legal guardian on the ISP. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/24 and 5/22/24.	PR) 05/14/2025 The corrective action plan moving forward regarding 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. All individual service plans will be forward to the legal guardian for signatures and placed in the individual's file. Root Cause: The root cause of this issue is (1) the inconsistent implementation of procedures for involving legal guardians in the development and updating of ISPs. (2) Additionally, there was insufficient verification of guardian signatures before finalizing and filing the ISPs. (3) The lack of a structured process for obtaining and documenting legal guardian involvement led to repeated non-compliance. Moving forward, the Program Director will review all ISPs to identify any instances where the legal guardian's involvement or signature is missing. Any identified gaps will be addressed immediately by contacting the legal guardian to review, update, and sign the ISP. The chief administrative officer will assist in conducting monthly audits to ensure compliance with regulations. All corrections for this CAP are completed. OLR) Accepted 06/06/2025	5/13/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	NS	Lighthouse 1, LLC This regulation was NOT MET as evidenced by: In review of Individual #1's Medication Administration Record (MAR), there failed to be documented evidence that medications were administered as prescribed. There failed to be documented evidence that Medication #1 was administered since 3/14/25. There was no documented evidence that Medication #1 was discontinued. This regulation is being cited as systemic. The provider was previously cited for this regulation during an inspection on 3/27/24.	PR) 05/14/2025 The corrective action plan moving forward regarding medication prescribed by a person authorized by law shall be administered as prescribed. Proper procedures will be followed to ensure compliance. **Root Cause:** The failure occurred because the prescriber did not respond to the pharmacy regarding the prescription refill. Upon follow-up, the prescriber indicated that the medication was discontinued on 3/11/2025 but did not provide written documentation. The statement by the prescriber is that "staff must be present during the virtual appointment to know which medications are continued or discontinued." Although staff made attempts to obtain this information via phone, the lack of presence during the appointment resulted in a gap in communication and documentation. Moving forward, Staff will be present at all online medication management appointments to document changes discussed. The Program Director will conduct weekly audits of MARs to ensure compliance with medication documentation standards. This will include a review of appointments schedule and Behavior Reports showing staff notation of attendance and outcomes. The chief administrative officer will ensure that all regulations are followed monthly. Corrective action has been completed. Update of policies and procedures will be completed. OLR) Accepted 06/06/2025	3/25/2025

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General Comments / Recommendations:
The Licensing Specialist recommends the provider review regulations 12VAC35-46-280, 12VAC35-46-310, 12VAC35-46-440, 12VAC35-46-590, 12VAC35-46-740, 12VAC35-46-750 and 12VAC35-46-850 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