License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Vick Residential This regulation was NOT MET as evidenced by: Employee #2 was working with children prior to the return of the criminal history background results and Virginia Department of Social Services (VDSS) Central Registry. Disclosure statements were not available for Employee #1 or Employee #2. Disclosure statements are completed at time Fieldprint documentation is submitted. The disclosure statements should be put into employee's files at time of completion. Ensure all satisfactory results of background checks and VDSS Central Registry searches are returned for employees prior to working directly with children. Complete and save disclosure statements for all employees. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective	PR) 01/10/2024 DSP began working before working with children while their background was still pending. Program Director failed to placed disclosure statements in Program Director and DSP's folder. All staff moving forward will only began working directly with children once their background check is back and their eligibility letter is provided. All staff's discloser letter will be placed in their file before they began working. Program Director will ensure all discloser statements and eligibility letters are available in staff file prior to working. Program Director will monitor charts monthly for compliance with eligibility letters and discloser statements. All staff's folders have eligibility letters and disclosure statements. OLR) Accepted 01/25/2024	1/10/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		action completed (Ex. Date training completed or Date protocol implemented).		
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.	N	Vick Residential This regulation was NOT MET as evidenced by: Employee #1 and Employee #2 completed first aid and cardiopulmonary resuscitation (CPR) through National CPR Foundation. This course was completed completely online without a hands-on, in-person demonstration of first aid and CPR competency. American Red Cross requires a portion of first aid and CPR training to be completed in-person. Please complete a first aid and cardiopulmonary resuscitation (CPR) course that meets criteria established by American Red Cross or other recognized authority. Training must include a portion that includes in-person demonstration of the required skills. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms.	PR) 01/13/2024 Program Director and DSP completed an online CPR course instead of a in person course for First Aid and CPR. All staff going forward will complete a CPR First Aid course in person compliant with the American Red Cross or other recognized organizations. Program Director will provide all staff with a list of approved in person CPR First Aid Trainings. Program Director will monitor all CPR First Aid Trainings annually. All staff will have in person approved CPR/ First Aid Training by February 10, 2024. An audit will be conducted monthly to ensure compliance. OLR) Accepted 01/25/2024	2/10/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).		
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.	N	Vick Residential This regulation was NOT MET as evidenced by: Each ISP must include the date it was developed and the signature of the person who developed it. ISPs reviewed for Individual #1 and Individual #2 did not include signatures of the individual(s) who developed the ISPs or the dates completed. Ensure all ISPs include needed signatures and dates. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/10/2024 ISP for resident 1 and 2 was only signed by the resident and guardian. Program Director did not sign the ISP. Program Director will sign off on all ISP forms. The ISP templet has been updated to include signature of staff from the group home. Program Director will monitored all ISP monthly by an audit. OLR) Accepted 01/25/2024	1/10/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (1) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 1. Date the medication was prescribed;	N	Vick Residential This regulation was NOT MET as evidenced by: The medication administration records for Individual #1 and Individual #2 did not include the dates the medications were prescribed. There was no information in the individual's records at time of inspection that addressed date medications were prescribed. Accurate medication documentation needs to be available. Ensure the dates medications were prescribed are included on the medication administration records. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/13/2024 Medication Administration Records were created by staff instead of MARs from the pharmacy. All Medication Administration Records are provided by ACT Pharmacy. Going forward all MARs will be provided by the pharmacy and if a medication is added after MARs are delivered the medication will be filled in by staff including date it was prescribed, dosages and times will be included. Program Director will monitor all MARs monthly when they come in from the Pharmacy to ensure all required information is on the MAR. OLR) Accepted 01/25/2024	1/13/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (4) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 4. Strength;	N	Vick Residential This regulation was NOT MET as evidenced by: The medication administration records for Individual #1 and Individual #2 did not include dosage for medications. Accurate medication documentation needs to be available. Ensure the dosages for prescribed medications are included on the medication administration records. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/13/2024 Medication Administration Records were created by staff instead of MARs from the pharmacy. All Medication Administration Records are provided by ACT Pharmacy. Going forward all MARs will be provided by the pharmacy and if a medication is added after MARs are delivered the medication will be filled in by staff including date it was prescribed, dosages and times will be included. Program Director will monitor all MARs monthly when they come in from the Pharmacy to ensure all required information is on the MAR. OLR) Accepted 01/25/2024	1/13/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (5) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 5. Route;	N	Vick Residential This regulation was NOT MET as evidenced by: The medication administration records for Individual #1 and Individual #2 did not include the route medications are to be administered. Accurate medication documentation needs to be available. Ensure the administration route for medications are included on the medication administration records. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/13/2024 Staff did not receive physician's orders from the pharmacy or prescribing physicians. This issue was addressed by obtaining physicians orders from ACT Pharmacy. Moving forward all physician's orders will be obtained when receiving the medication or within a week of the resident arriving to the home. Program Director will monitor the process of obtaining physician's orders when new residents arrive and monthly. An audit will be conducted monthly to ensure compliance. OLR) Accepted 01/25/2024	1/13/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Vick Residential This regulation was NOT MET as evidenced by: The medication administration records for Individual #1 and Individual #2 had initials of staff who administered the medications, but there were no names with the initials. Ensure the names of staff that administer medications accompany their initials on the medication administration records. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/13/2024 Staff name's were not on the back of the MAR indication who the initials belonged to that administered the medication. All staff names are of the MARS for current MARs. Going forward all staff name's will be written on the MAR monthly. Program Director will monitored the MAR's monthly when they come in or when a new resident is admitted to ensure all staff names with initials are on the back on the MAR. An audit will be conducted monthly to ensure compliance. OLR) Accepted 01/25/2024	1/13/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (7) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 7. Dates the medication was discontinued or changed.	N	**HEALTH AND SAFETY VIOLATION** Vick Residential This regulation was NOT MET as evidenced by: The October 2023 medication administration record for Individual #1 had missing initials for Medication #1 with no documentation why medication was not administered on these days. It was unclear if this was missed doses or there was a stoppage and restart of medication as indicated by Employee #1 during the inspection. Ensure proper documentation is available for all medications including documentation that addresses dates medications are discontinued or there are any changes. 1. Provide a statement of the issue that led to noncompliance and state how you corrected/will correct the deficient practice in this specific violation. 2. Include a plan of action to address systematic changes (process/protocols, etc.) that have been or will be implemented to ensure you remain in compliance of the regulation. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). **Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).	PR) 01/10/2024 DSP failed to initial a medication for resident that was not administered. All staff will be educated on the importance of proper medication administration and documentation during supervision. Program Director will monitor medication being administered weekly. Program Director will check behind all MAR's weekly by an audit to ensure compliance with documentation. OLR) Accepted 01/25/2024	1/19/2024

License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **10-31-2023**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:
Provider does not use contractors or volunteers.

Complete medication information needs to be included on the medication administration record (MAR). Physician's orders need to be available to ensure correct medications are being administered. If complete medication information is unavailable at time of admission it is vital to schedule an appointment immediately to get medication orders.

Please ensure accurate and detailed progress notes and staff communication logs are completed on each shift.

Review citations regarding background checks and VDSS Central Registry searches.

Reference checks should include professional references as opposed to only personal references. Document that the references were attempted to be contacted with appropriate notes.

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.

Byron Nagle, Licensing Specialist	(Signature of Organization Representative)	Date

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