DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-17-2024**
Program Type/Facility Name: **14-008 Vick Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-170. D. - The provider shall submit a corrective action plan to the department within 15 business days of the issuance of the licensing report. One extension may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a danger to individuals receiving the service.	N	Vick Residential This regulation was NOT MET as evidenced by: The provider did not submit the corrective action plan by the due date.	PR) 10/03/2024 Assuage Solutions failed to respond to a corrective action plan within the allotted time. Assuage Solutions will mark on the calendar due date to ensure compliance with meeting deadline for corrective action plans. The program director will be responsible for ensuring all corrective actions plans are responded to before the deadline. OLR) Accepted 10/11/2024	10/4/2024

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General Comments / Recommendations:
Please utilize the guidance below when responding:
Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names.
Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations.
Include all 4 points below, in detail, in your response to each violation:

1. Provide a statement of the issue that led to non-compliance 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).
4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).

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.

Nicole Buckley, Licensing Specialist	(Signature of Organization Representative)	Date

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