DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **4430-14-009**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **01-07-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-430. B. - Natural or mechanical ventilation to the outside shall be provided in all rooms used by residents.	N	Wisdom's Residential This regulation was NOT MET as evidenced by: During the initial inspection, the fan in the bathrooms to be utilized by residents was not operable in bathroom #1 and bathroom #2.	PR) 01/07/2025 Assuage Solutions' bathroom fans were not working and operable. Non-compliance resulted from Assuage Solutions not checking the bathroom fans and testing them out. Assuage Solutions has replaced both bathroom fans to ensure compliance with this regulation. Going forward Assuage Solutions will check all bathroom fans daily by testing them out for continued compliance. The program director will be responsible for ensuring compliance with this regulation. OLR) Accepted 01/09/2025	1/8/2024
12VAC35-46-590. B. - 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.	N	Wisdom's Residential This regulation was NOT MET as evidenced by: During the inspection, the wooden floor board under the kitchen sink was observed to be discolored. The boards The oven racks were observed to be rusty and should be cleaned or replaced.	PR) 01/07/2025 Assuage Solutions had a discolored back board under the bathroom sink. Also Assuage Solutions oven racks had debris on them. Non-compliance led to Assuage Solutions not throughly checking and inspecting under the sink and the oven. Assuage Solutions has replaced the oven racks and replaced the discolored board. Going froward a thorough inspection will be conducted throughout the home. The program director will be responsible for maintaining compliance with this regulation. OLR) Accepted 01/09/2025	1/8/2025

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General Comments / Recommendations:
The LS recommends that the provider places an exit sign by the sliding back door.

The LS recommends that the provider paints the white patches in the large bedroom.

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