## *DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES*
## *CORRECTIVE ACTION PLAN*



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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made. | N | Wisdom's Residential<br>This regulation was NOT MET as evidenced by: The service record of Individual #2 revealed that the individual is currently hospitalized for a medical reason. The provider has not reported the incident via the web based reporting system. | PR) 07/13/2025<br><br>Assuage Solutions failed to report the hospitalization of resident #2. Assuage also failed to have her clause and baseline letter in her file for review which led to non-compliance. Assuage Solutions will ensure all incidents are reported in the system and background information is in all resident's folders. The program director is responsible for this task. This will be reviewed monthly.<br><br>OLR) Partially Accepted 07/22/2025Please explain what process will be implemented to assure this citation does not occur in the future.<br><br>PR) 09/29/2025<br><br>Assuage Solutions failed to report the hospitalization of resident #2. Assuage also failed to have her clause and baseline letter in her file for review which led to non-compliance. Assuage Solutions will ensure all incidents are reported in the system and background information is in all resident's folders. Assuage Solutions' case manager and program director will ensure that this task is immediately delegated during discovery to prevent delayed reporting. The program director is responsible for this task. This will be reviewed monthly.<br><br>OLR) Accepted 10/02/2025 | 7/13/2025 |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure; | N | Wisdom's Residential<br>This regulation was NOT MET as evidenced by: the personnel files of Employees #1 and #2 did not contain documentation of educational degrees, diplomas or professional certificates. | PR) 07/13/2025<br><br>Assuage Solutions did not file employee's education records for employees. Assuage Solutions has obtained educational certificates for all employees. Going forward Assuage Solutions will file all educational records for staff. The program director is responsible for ensuring all employee files have educational records. This task will be reviewed upon each hire and annually.<br><br>OLR) Accepted 07/22/2025 | 7/13/2025 |
| 12VAC35-46-660. B. - Each record shall be kept up to date and in a uniform manner. | N | Wisdom's Residential<br><br>This regulation was NOT MET as evidenced by: The provider has not maintained each record up to date and in a uniform manner. During the inspection, the service records on Individuals #1 and #2 did not contain progress notes for review.<br><br>Individual #1 was enrolled 3/22/2024.<br><br>Individual #2 was enrolled 2/24/2025. | PR) 07/13/2025<br><br>Assuage Solutions did not maintain records in a uniform manor by ensuring daily progress notes were filed. Resident 1 and 2 did not have progress notes printed and filed due to them being kept on a flash drive. Going forward all notes will be printed and fled weekly. The program director will be responsible for this task. This task will be reviewed weekly.<br><br>OLR) Accepted 07/22/2025 | 7/13/2025 |
| 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. | N | Wisdom's Residential<br><br>This regulation was NOT MET as evidenced by: The individualized service plan of individual #1 does not appear to coincide with the assessment completed 3/22/2025. The assessment identified several medications the individual was currently prescribed. The ISP stated Individual #1 was not currently prescribed medication when written.<br><br>The individual service record of Individual #2 contained a handwritten safety plan that was not signed or dated by the individual or provider when completed. | PR) 07/13/2025<br><br>Assuage Solutions did not clarify in the assessment that the individual has been prescribed medication however, they declined medication prior to placement and they did not come to placement with medication although prescribed medication. Going forward Assuage Solutions will document thoroughly. The program director will be responsibly for this task. This task will be monitored and reviewed during each intake. | 7/13/2025 |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| | | | OLR) Partially Accepted 07/22/2025<br><br>Regarding medications: please describe what processes will be implemented when/if an individual choses not to receive medications as prescribed.<br><br>Regarding safety plans: please provide a response<br><br>PR) 09/29/2025<br><br>Assuage Solutions did not clarify in the assessment that the individual has been prescribed medication however, they declined medication prior to placement, and they did not come to placement with medication although prescribed medication. Going forward Assuage Solutions will document thoroughly. Assuage Solutions will document refusal to comply with medication. Also, the provider will get instructions from physicians for medication refusals. The program director will be responsible for this task. This task will be monitored and reviewed during each intake.<br><br>OLR) Accepted 10/02/2025 | |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-750. F. - Each plan and quarterly progress report shall include the date it was developed and the signature of the person who developed it. | N | Wisdom's Residential<br><br>This regulation was NOT MET as evidenced by: The initial assessment of Individual #1 was signed by the Resident and Case Manager/LAR on 3/22/2025. The assessment was not signed by a residential staff member of Assuage Solutions.<br><br>The initial assessment of Individual #2 was signed the the Resident and Case Manager/LAR on 2/24/2025. The assessment was not signed by a residential staff member of Assuage Solutions.<br><br>The quarterly report in the service file of Individual #2 for service dates 2/24/2025-4/24/2025 is not signed and dated by the residential staff member completing the documentation. | PR) 07/13/2025<br><br>Assuage Solutions did not ensure that the clinical staff signed ISPs for residents 1 and 2. Assuage Solutions failed to check the ISP signatures pages which led to non-compliance. Assuage Solutions will ensure that all ISPs are signed by both parties. The program director will be responsible for this task. This task will be reviewed monthly.<br><br>OLR) Partially Accepted 07/22/2025<br><br>Please explain how Assuage Solutions will ensure clinical staff will sign ISPs for all residents going forward.<br><br>Please provide a response regarding signatures on quarterly reports.<br><br>PR) 09/29/2025<br><br>Assuage Solutions did not ensure that the clinical staff signed ISPs for residents 1 and 2. Assuage Solutions failed to check the ISP signatures pages which led to non-compliance. Assuage Solutions will ensure that all ISPs are signed by both parties. The program director will be responsible for checking and monitoring all ISP after completion as well as quarterlies on the due date. This task will be reviewed monthly.<br><br>OLR) Accepted 10/02/2025 | 7/13/2025 |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-790. - Therapy shall be provided by an individual (i) appropriately licensed by the Department of Health Professions to provide mental health therapy or counseling; or (ii) who is eligible for licensure and working under the supervision of a licensed therapist unless exempted from these requirements under the Code of Virginia. | N | Wisdom's Residential<br><br>This regulation was NOT MET as evidenced by: the service records or Individuals #1 and #2 contained therapy logs that were not completed.<br><br>The individual files of Individuals #1 and #2 did not contain progress notes for review to determine if information regarding participation in therapy would have been included. | PR) 07/13/2025<br><br>Assuage Solution failed to document therapy in therapy charts. Assuage Solutions case management time failed to properly document the residents therapy. Going forward the case managers will be responsible for documenting therapy. The program director will be responsible for ensuring the case managers are documenting therapy. This task will be reviewed monthly to ensure compliance.<br><br>OLR) Accepted 07/22/2025 | 7/13/2025 |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-800. A. (3) - There shall be evidence of a structured program of care designed to: 3. Meet the objectives of any required individualized service plan. | NS | Wisdom's Residential<br><br>This regulation was NOT MET as evidenced by: During the inspection the provider reported progress notes were maintained on a flash drive that person on site were not able to access. Inspector was not able to review progress notes to assess whether the provider is implementing a program of care designed to meet the objectives of each individual's service plan. | PR) 07/13/2025<br><br>Assuage Solutions failed to have progress notes printed instead they were on a flash drive which prevented the LS from being able to review them. Assuage Solutions became behind on printing progress notes which led to non-compliance. Going forward Assuage Solutions will ensure all notes are printed and filed within a week. The program director will be responsible for implementing this task. The compliance of this task will be reviewed weekly.<br><br>OLR) Partially Accepted 07/22/2025Please include what position will be responsible for assuring progress notes are printed and filed to available in individual service records.<br><br>PR) 09/29/2025<br><br>Assuage Solutions failed to have progress notes printed instead they were on a flash drive which prevented the LS from being able to review them. Assuage Solutions became behind on printing progress notes which led to non-compliance. Going forward Assuage Solutions' case manager will ensure all notes are printed and filed within a week. The program director will be responsible for following up behind the case manager and implementing this task. The program director will be responsible for assuring progress notes are printed and filed to available in individual service records. The compliance of this task will be reviewed weekly.<br><br>OLR) Accepted 10/02/2025 | 7/13/2025 |

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

Date of Inspection: **06-18-2025**
Program Type/Facility Name: **14-009 Wisdom's Residential**

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

**General Comments / Recommendations:**
**-It is recommended the provider assure the documentation policy is updated and is being implemented as written. If progress notes are being maintained on a flash drive, there must be access during inspections.**
**-**

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.

| Elaine Moser, Regional Manager | (Signature of Organization Representative) | Date |
|---|---|---|

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