Investigation ID: **128**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **06-28-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

| Standard(s) Cited | Comp | Description of Noncompliance | Actions to be Taken | Planned Comp. Date |
|---|---|---|---|---|
| 12VAC35-46-800. A. (1) - There shall be evidence of a structured program of care designed to: 1. Meet the residents' physical and emotional needs; | N | Hallmark Youthcare<br><br>This regulation was NOT MET as evidenced by:<br><br>Based on a review of records and interviews with employees and individuals, the provider failed to provide evidence of a structured program of care designed to meet the individuals' physical and emotional needs. Based on these interviews, information reported was consistent in reports of both consensual and non-consensual sexual acts committed by Individual #1, Individual #6, and Individual #7. The provider failed to adequately address these concerns. In failing to adequately address these concerns, the provider failed to protect other individuals from these acts. | PR) 09/20/2023<br><br>**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.**<br><br>There was a delay in identifying the need for assessment of sexualized behaviors in Individuals #1, #6 and #7 which prevented a psychosexual evaluation from being completed and appropriate treatment recommendations being made.<br><br>**Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future**.<br><br>A new response is being put in place to address patterns of sexualized behaviors. Currently, the nursing department completes a daily Resident Classification Report that documents levels of acuity in each resident. There are two levels of acuity that focus on sexualized behaviors. When a resident is identified as a level III acuity level, a sexual risk evaluation will be completed by a therapist to determine next steps. Further recommendations can include increased supervision, room modification, referral for psychosexual evaluation, and additional | 10/27/2023 |

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| | | | treatment and therapeutic interventions as necessary.<br><br>**Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).**<br><br>The acuity report will be monitored daily.<br><br>**Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.**<br><br>The Director of Nursing/Designee will monitor the Resident Classification Reports. The Director of Clinical services will monitor the risk assessments.<br><br>OLR) Accepted 09/20/2023 | |
| 12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision; | N | Hallmark Youthcare<br><br>This regulation was NOT MET as evidenced by:<br><br>Based on a review of records and interviews with employees and individuals, the provider failed to provide evidence of a structured program of care designed to meet the individuals' physical and emotional need and provide protection, guidance, and supervision. Based on these interviews, information reported was consistent in reports of both consensual and non-consensual sexual acts committed by Individual #1, Individual #6, and Individual #7. The provider failed to adequately address these concerns. In failing to adequately address these concerns, the provider failed to protect other individuals from these | PR) 09/20/2023<br><br>**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.**<br><br>The Supervision Policy lacked comprehensive details for supervision. There was opportunity for a structured plan for support and oversight on the units by the management team.<br><br>**Include a plan of action to address systematic changes. This may require** | 12/4/2023 |

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| | | acts. | **updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future.**<br><br>The Supervision policy has been revised; specific guidelines are provided in the new policy based on a residents' location and activity with detailed rules and instructions for each area.<br><br>All employees will be trained on the revised Supervision Policy, complete a posttest demonstrating competency and sign an attestation.<br><br>**Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).**<br><br>There will be layers of oversight to "inspect what we expect".<br><br>The Program Supervisors will conduct supervision rounds on each unit utilizing a documented checklist. The rounds will be completed via in-person observation at a minimum of twice per shift.<br><br>The Leadership Team will conduct observation rounds via in-person or camera review at a minimum of once per shift, per week, per unit to include nights, weekends | |

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| | | | and holidays.<br><br>**Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.**<br><br>Program Supervisors and the members of the Leadership Team<br><br>OLR) Accepted 09/20/2023 | |
| 12VAC35-46-870. F. (1a) - Supervision policies: 1. The provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: 1a. Needs of the population served; | N | Hallmark Youthcare<br><br>This regulation was NOT MET as evidenced by:<br><br>The provider failed to implement written policies and procedures that address staff supervision of Individuals based on the needs of the population served. Individual #6 had a high level of needs and required increased levels of supervision and support. Per information obtained during interviews, the direct care staffing level is not adequate to support Individual #6 along with other Individuals on the unit. The staff to resident ratio of 1:8 is not appropriate for the population served with the addition of Individual #6.<br><br>Please submit an updated staffing plan which takes into account additional Direct Care employees, as needed, for Individuals with increased supervision needs. | PR) 09/20/2023<br><br>**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.**<br><br>There is no evidence of non-compliance. Per policy, a daily Resident Classification Form was completed by nursing to determine the acuity level. From 6/1/23-6/30/23 there is no documentation that identifies the need to increase staffing patterns for the Elm unit where individual #6 resides. There is documentation that individual #6 was placed on close observations from 6/5/23-6/20/23 which required a staff member to remain in close proximity of the resident, continuously monitoring with the resident in the view of the staff member at all times.<br><br>**Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining** | 10/27/2023 |

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| | | | **for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future.**<br><br>Continue to utilize the Resident Classification Form to identify the acuity level and possible need for increased staffing patterns.<br><br>A new response is being put in place to address patterns of sexualized behaviors. Currently, the nursing department completes a daily Resident Classification Report that documents levels of acuity in each resident. There are two levels of acuity that focus on sexualized behaviors. When a resident is identified as a level III acuity level, a sexual risk evaluation will be completed by a therapist to determine next steps. Further recommendations can include increased supervision, room modification, referral for psychosexual evaluation, and additional treatment and therapeutic interventions as necessary.<br><br>Staff will be given the opportunity to have input when making decisions on challenging residents. During supervision, staff will discuss their caseloads with their supervisor to assist in determining interventions that may assist the resident with their treatment. In addition, staff will be encouraged to complete a recommendation form for the Treatment Team at any time. | |

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| | | | **Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).**<br><br>Daily Resident Classification Form completed by nurses.<br><br>**Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.**<br><br>Director of Nursing to monitor Daily Resident Classification Forms weekly.<br><br>Supervisors document and monitor staff input following supervision.<br><br>OLR) Accepted 09/20/2023 | |

**General Comments / Recommendations:**
**LS recommends provider review 12VAC35-46-800. Structured program of care and 12VAC35-46-870. Staff supervision of residents 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