DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **9**
License #: **5234-14-002**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **09-06-2023**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	NS	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: The provider failed to provide protection, guidance, and supervision of the individuals in care. Employee #1 failed to follow the bathroom protocol to prevent multiple individuals from entering the bathroom.	PR) 11/13/2023 **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.** Protocols not being followed by staff responsible for providing supervision contributed to individual #1 and individual #2 engaging in alleged sexual activity. **2. 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.** 9/1/23-TSAY Supervision Plan- Provided training and oversight immediately for those working the Maple and Oak units. 1. CSOTP Therapist met with the units to lay out the community issues and establish goals and objectives the units can work toward. The residents will be engaged in preferred activities or incentives that the units can earn based on achievement of the goals. Expectations include no physical aggression and no sexual activity. 2. There are written expectations for supervision on TSAY units that have been reviewed with the staff. A posttest has been developed that staff working these units MUST complete and turn into the	12/4/2023

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			nurse PRIOR TO GETTING OUT OF SHIFT CHANGE OR BEING ASSIGNED TO MAPLE OR OAK. 3. There will be leadership rounding on the units, check in on progress and reinforce additional training/supervision expectations that the staff on these units have been reviewing. EXPECTATIONS FOR ALL STAFF ON MAPLE/OAK All doors must be locked at all times except for bedtime. At bedtime, all doors must be open (not "ajar"), and staff must be positioned in the hallway with constant patrolling up and down the hallways providing as continual eyes on kids as is possible. 1. All doors leading to a bathroom (in classroom or anywhere else that TSAY goes) must remain closed and locked. If a resident must use the bathroom, they must have an escort to unlock the door. The staff is to unlock the door, CHECK THE BATHROOM TO ENSURE NOONE ELSE IS IN THERE AND STATE OF THE ROOM, then check the bathroom again when the resident exits to ensure it was left the way it was found, and lock the door behind you when you leave. 2. Staff assigned to TSAY and any other unit MAY NOT TAKE BREAKS OR LEAVE THE UNIT AT ANY TIME FOR ANY REASON WITHOUT NOTIFYING THE SUPERVISOR AND ENSURING RELIEF/HAND OFF. TO EXECUTE ACTIVATION AND RE-ACTIVATION OF THE ELECTRONIC CURTAIN ALARM SYSTEM, ONE STAFF WILL OBSERVE	

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			THE ROOMS WHILE THE OTHER RESETS THE ALARM. 3. Supervisors/Nursing are to actively round on all units, to include the Maple and Oak to verify that doors are locked, and that staff are actively supervising, positioned properly. 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. All employees will be trained on the revised Supervision Policy, complete a posttest demonstrating competency and sign an attestation. Termination of employee #1 based on neglect. Performance issue addressed and documented for employee #2. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** There will be layers of oversight to "inspect what we expect". 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.	

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			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, and holidays. **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** Program Supervisors and the members of the Leadership Team OLR) Accepted 11/14/2023	

General Comments / Recommendations:
Licensing Specialist recommends provider review regulation 12VAC35-46-800 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