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

Date of Inspection: **09-24-2024**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: See OHR citation.		11/1/2024
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: “Neglect” means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entries, **A-20240052, A-20240053, and A-20240054,** the provider’s investigation included the review of video footage which revealed: • Employee #1 failed to follow proper protocol to	PR) 10/25/2024 **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.** Employee #1 failed to follow proper protocol to ensure all bedroom doors were locked when unoccupied. As a result, Individuals #1 and #2 were able to access an unlocked bedroom door of Individual #3 and engaged in sexually inappropriate acts with each other on numerous occasions. **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**	11/1/2024

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		ensure all bedroom doors were locked when unoccupied. As a result, Individuals #1 and #2 were able to access an unlocked bedroom door of Individual #3 and engaged in sexually inappropriate acts with each other on numerous occasions. • As a result, Employee #1 failed to provide a service necessary to the health, safety, and welfare of Individuals #1, #2, and #3, which meets the regulatory definition of neglect. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	**possibility that t he violation will occur in the future.** • The staff assigned to the TSAY unit on the shift of the alleged incident were counseled on proper supervision in the hallways and provided remedial training on bedroom doors-remain shut. • Employees received performance DESKS. • While rounding, bedroom doors will be checked to ensure they are closed tight when not occupied by the resident. • TSAY units are rounded on every hour by the Overnight Supervisor to provide extra layer of observation and supervision. • Flyers have been posted in YC break areas and nurses' station as a visual reminder that all Residents bedroom doors are to be remained locked until bedtime. • Due to the recent incidents, the 2 TSAY units (Maple and Oak) will program separately: • For school, each unit will have its own classroom • Oak and Maple will have separate mealtimes. • Activity Therapy will conduct activities separately for each unit. • Residents will no longer "visit" the other unit. They will program on their assigned unit. • In the event a therapist or another employee recommends a TSAY resident "program" on the other TSAY unit for safety reasons, they must notify the supervisor before the transition occurs.	

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			• A new rounding plan is in place to provide additional oversight of the units by leadership to increase the safety of our residents: A calendar for the Leadership Safety Rounds was placed on the "shared drive" so that leaders can access it to add their name to a shift to include their weekend "on call". Leaders are expected to enter their name into shifts during the week to spend 1-2 hours round on all the units looking at all aspects of care (see list below for some examples) and addressing concerns in the moment while on the unit. Administrator on Call and Clinical on Call will each report to the facility for their rounding one of the weekend days of their on-call weekend. This is an opportunity to also get to know the direct care staff and build rapport, while prioritizing resident safety during the rounding. Examples of areas to identify and correct in the moment: • Active Supervision-are staff spread out amongst the milieu, conducting 15 min checks, engaging with residents (engage and direct as needed) • Boundaries (address any boundary concerns appropriately) • Are bedroom doors open when they shouldn’t be? (please close them and educate staff) • Are residents being spoken to appropriately (no yelling and/or power struggling from staff)	

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			• Do staff have cell phones on the units (please excuse them to put them in their car) • Is the unit following the schedule? (work in real time with the supervisor to assist) These are just a few examples of what we are looking at and addressing in real time. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** Observations during roundings are submitted to the CEO and are reported weekly during the Safety Meeting. Performance issues noted during roundings are shared with supervisors and addressed through the progressive disciplinary process. Weekly YC debriefing logs are documented by Milieu Managers Daily rounds to ensure signage is posted reminding staff bedroom doors are to be remained locked until bedtime. **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** CEO Members of the Safety Committee Leadership Team Milieu Managers	

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			Supervisors OHR/OLR) Accepted 11/15/2024	

General Comments / Recommendations:

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.

Andrea Milhouse, Human Rights | (Signature of Organization Representative) | Date

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