

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

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License #: 5649-14-008

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-230. A. - The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with these regulations and other applicable regulations and statutes.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider failed to make available to the department reports and information as the department may require establishing compliance with regulations and other applicable regulations and statutes. The provider did not have Individual Records, Employee Records, or Policies and Procedures available and assessable to the department during the on-site inspection.	PR) 10/30/2024 The staff files and the policies and procedures will be in the group facility effective, Monday, 11/4/24... OLR) Partially Accepted 11/08/2024 The provider will need to upload an attachment of their Policies and Procedures to this Corrective Action Plan for review. The provider will need to include in their Corrective Action Plan the following: 1. Why the provider received the citation, 2. Detailed or step-by-step description of the corrective actions to be taken that will minimize the possibility that the violation will occur again (for example: explaining the auditing system that the provider may have, if any, explaining how often they will follow through with their steps-by-step plan of action to ensure the citation is not systemic), and 3. The title of the person responsible for overseeing the step-by-step process/actions are displayed by provider that records are kept at the licensed location per regulatory standard. PR) 12/03/2024 The provider received this citation because the policies and procedures were not in the home. The provider has since corrected this citation by placing the policies and procedures in the home. The program manager will be responsible for assuring that the policies and procedures are available in the home to review upon request. The clinical director and program manager will meet monthly to discuss any updates that need	12/13/2024

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Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u> to be made to the policies and procedures.	<u>Planned Comp. Date</u>
12VAC35-46-250. B. (1) - Tuberculosis evaluation: 1. At the time of hire or residency at the facility, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider failed to show proof of evidence of Employee #1 and Employee #2 having submitted the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health, no later than 30 days. The provider did not have any Employee Records accessible during the unannounced inspection.	OLR) Accepted 12/06/2024 PR) 10/30/2024 The staff TB test are being conducted now and will be finalized and in the files by 11/29/24. There will also be an employee the house manager that will review charts weekly and make sure that we are in compliance with staff records. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of having a completed tuberculosis screening and results for Employee #1 and Employee #2 attached to this Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action and person(s) title that will be responsible for ensuring compliance to this regulation moving forward. PR) 12/03/2024 The staff TB test are being conducted now and will be finalized and in the files by 12/13/24. There will also be an employee the house manager that will review charts weekly and make sure that we are in compliance with staff records. OLR) Accepted 12/06/2024	12/13/2024

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Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (1) - The records of each employee shall include: 1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: a completed employment application form of other written material providing individual's name, address, phone number, social security number and other unique identifier, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of having completed Employee Applications for Employee #1 and Employee #2 within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action and person(s) title that will be responsible for ensuring compliance to this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The program manager will review records weekly to make sure that we are in compliance. Employee #2 application will be in the file by 12/13/24. OLR) Accepted 12/06/2024	12/13/2024

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Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (10) - The records of each employee shall include: 10. A current job description.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: a current job description, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having a documented job description. The provider will need to upload the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. This citation was given because the file was not available to review. The program manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (2) - The records of each employee shall include: 2. Educational background and employment history;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: educational background and employment history, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to show proof of evidence of having proof of education background (for example: transcript, diploma, etc.) and employment history (for example: resume) by uploading the documents for Employee #1 and Employee #2 to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards to this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The house manager will review records weekly to make sure that we are in compliance. Employee #1 diploma is uploaded. Employee #2 education will be in the file by 12/13/24... OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: written references or notations of oral references, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to show proof of evidence of Employee #1 and Employee #2 written references or notation of oral references by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards to this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The house manager will review records weekly to make sure that we are in compliance. The reference sheet for Employee 1 is uploaded and Employees #2 will be ibn the file by 12/13/24... OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (4) - The records of each employee shall include: 4. Reports of required health examinations;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: reports of required health examinations, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to show proof of evidence of Employee #1 and Employee #2 health examinations by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards to this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/05/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (6) - The records of each employee shall include: 6. Date of employment for each position held and separation;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: date of employment for each position held and separation, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards to this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	HEALTH AND SAFETY VIOLATION 35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations, as evidence by	PR) 10/30/2024 The CAO will contact BIU on 12/13/24 to get appropriate direction regrading the paperwork we need to get the background checks for each employee. The CAO will assist each employee schedule a date/time to get finger printed for the background check. We will begin this process immediately and have all employee background sent off by 12/13/24. Regarding the CPS checks 6/9 employees have	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		the provider not having any Employee Records accessible during the unannounced inspection. This is a Health and Safety Citation because there is no proof of record of Criminal Background Check results and Central Registry Check results for Employee #1 and Employee #2, who work directly with the Individuals.	been completed and in their files. 3 have been sent off and we are awaiting the response. All background checks will be completed and in the files by 12/13/24. The house manager will make sure that if a new employee starts that they will complete all the required background checks within in a week of being hired. The program manager will ensure that all files are up to date. The program manager will do weekly audits of the files to ensure compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 Criminal Background Check results/searches and Central Registry Check results/searches by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. The provider will need to know that the Criminal Background Check must be received by the provider before the Employee can begin working with children. The provider will also need to know that the Child Protective Check must be received by the provider before an Employee can work alone with children. PR) 12/03/2024 The CAO will contact BIU on 12/13/24 to get appropriate direction regarding the paperwork we need to get the background checks for each	

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			employee. The CAO will assist each employee schedule a date/time to get finger printed for the background check. We will begin this process immediately and have all employee background sent off by 12/13/24. Regarding the CPS checks 6/9 employees have been completed and in their files. 3 have been sent off and we are awaiting the response. All background checks will be completed and in the files by 12/13/24. The house manage will make sure that if a new employee starts that they will complete all the required background checks within in a week of being hired. The program manger will ensure that all files are up to date. The program manager will do weekly audits of the files to ensure compliance. OLR) Partially Accepted 12/06/2024 The LS and RM contacted the provider on 12/05/2024 to discuss this citation/provider response. The provider will need to contact BIU immediately and have proof of evidence of having conducted the search (for example, emailed conversation with BIU, completed/submitted search form, etc.). Such proof of evidence will need to be attached to this Corrective Action Plan by the close of business on Monday December 9, 2024. The provider will also need to have evidence of search for Employee #2 Central Registry, also by close of business on Monday December 9, 2024. PR) 12/06/2024 Trinity received this citation because we did not	

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			have the background checks done for the employees. Trinity is now registered with the field print office and we awaiting our unique code that will be sent to us within 2-3 business days. Once we receive the unique code we will set up each employee to get their fingerprints done within 2-3 days of receiving the code. We will aim for the next day if possible to get each employee background completed. The filed print place agreement is attached. To ensure that we do not have this issue again when an employee is hired we will have a check list for the perspective employee to complete prior to starting. The clinical director and program manager will be reviewing employee file on a monthly basis to ensure compliance. It is our hope that this CAP issue will be resolved within a week. OLR) Accepted 12/09/2024	

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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	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: documentation of educational degrees and of professional certification or licensure, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to show proof of evidence of Employee #1 and Employee #2 having documentation of their educational degrees and professional certification or licensure by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. This citation was given because the file was not available to review. The program manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (9) - The records of each employee shall include: 9. Documentation of all training required by these regulations and any other training received by individual staff;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having a completed Employee Record that includes: documentation of all training required by these regulations and any other training received by individual staff, as evidence by the provider not having any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify why this citation occurred. The provider will need to show proof of evidence of Employee #1 and Employee #2 having documentation all training required by the regulation. The provider will need to upload proof of evidence of the training to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. This citation was given because the file was not available to review. The program manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (1) - Required initial training: 1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within seven days following their begin date, that includes: orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 7 days following their begin date, which included Orientation. The initial training/Orientation documents will need to be uploaded by the provider to their CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The orientation has been done and is the employees files. This citation was given because the file was not available to review. The program manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2a) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2a. Alerting emergency personnel and sounding alarms;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date and before an employee is alone supervising children. The employee did not show proof of having conducting emergency preparedness and response training for Employee #1 and Employee #2 that includes: alerting emergency personnel and sounding alarms. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. If the Employee's did not have the appropriate initial training within 14 days of hire, proof of having been trained still need to be uploaded to the provider's CAP response. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. This citation was given because the file was not available to review. The program manager will review records weekly to make sure that we are in compliance. OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2b) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date and before an employee is alone supervising children. The employee did not show proof of having conducting emergency preparedness and response training for Employee #1 and Employee #2 that includes: implementing evacuation procedures, including evacuation of residents with special needs. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. If the Employee's did not have the appropriate initial training within 14 days of hire, proof of having been trained still need to be uploaded to the provider's CAP response. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 12/13/24. This citation was given because the file were not available to review. The program manager will review records weekly to make sure that we are in compliance. In addition the program manager and clinical director will meet monthly to discuss the file and if anything is needed so that the files are in compliance.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2c) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2c. Using, maintaining, and operating emergency equipment;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date and before an employee is alone supervising children. The employee did not show proof of having conducting emergency preparedness and response training for Employee #1 and Employee #2 that includes: using, maintaining, and operating emergency equipment. The provider did not have any Employee Records accessible during the unannounced inspection.	OLR) Accepted 12/06/2024 PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. If the Employee's did not have the appropriate initial training within 14 days of hire, proof of having been trained still need to be uploaded to the provider's CAP response. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the flies were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (2d) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2d. Accessing emergency information for residents including medical information;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date and before an employee is alone supervising children. The employee did not show proof of having conducting emergency preparedness and response training for Employee #1 and Employee #2 that includes: accessing emergency information for residents including medical information. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14days following their begin date by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. If the Employee's did not have the appropriate initial training within 14 days of hire, proof of having been trained still need to be uploaded to the provider's CAP response. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (2e) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2e. Utilizing community support services.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14 days following their begin date and before an employee is alone supervising children. The employee did not show proof of having conducting emergency preparedness and response training for Employee #1 and Employee #2 that includes: utilizing community support services. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having completed required initial training within 14days following their begin date by uploading the documents to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. If the Employee's did not have the appropriate initial training within 14 days of hire, proof of having been trained still need to be uploaded to the provider's CAP response. The provider will need to include a step-by-step plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (3a) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3a. The objectives of the facility;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed the required initial training Orientation: The objectives of the facility, within 14 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide an explanation why the orientation was not completed for Employee "#1 and Employee #2, if not trained. The provider will need to include a step-by-step plan of action on how they will ensure that all employee's orientations are completed per OL Regulation, how they will ensure that the citation does not become systemic, and the person(s) title that will be responsible for ensuring compliance to this regulation moving forward. The provider will need to include if they are using an auditing system (for example: chart,	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			electronic reminders, etc.) to remain consistent with completion of Employee Orientation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (3b) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3b. Practices of confidentiality;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed the required initial training Orientation: Practices of confidentiality, within 14 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide an explanation why the orientation was not completed for Employee "#1 and Employee #2, if not trained. The provider will need to include a step-by-step plan of action on how they will ensure that all employee's orientations are completed per OL Regulation, how they will ensure that the citation does not become systemic, and the person(s) title that will be responsible for	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			ensuring compliance to this regulation moving forward. The provider will need to include if they are using an auditing system (for example: chart, electronic reminders, etc.) to remain consistent with completion of Employee Orientation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (3c) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training regarding: 3c. The decision-making plan;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed the required initial training Orientation: The decision-making plan, within 14 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide an explanation why the orientation was not completed for Employee #1 and Employee #2, if not trained. The provider will need to include a step-by-step plan of action on how they will ensure that all employee's orientations are completed	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			per OL Regulation, how they will ensure that the citation does not become systemic, and the person(s) title that will be responsible for ensuring compliance to this regulation moving forward. The provider will need to include if they are using an auditing system (for example: chart, electronic reminders, etc.) to remain consistent with completion of Employee Orientation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (3d) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students/interns shall be given orientation and training	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed the required initial training Orientation: These regulations including the prohibited actions as outlined in this regulation, within 14 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide an explanation why the orientation was not completed for Employee "#1 and Employee #2, if not	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
regarding: 3d. These regulations including the prohibited actions as outlined in this regulation;			trained. The provider will need to include a step-by-step plan of action on how they will ensure that all employee's orientations are completed per OL Regulation, how they will ensure that the citation does not become systemic, and the person(s) title that will be responsible for ensuring compliance to this regulation moving forward. The provider will need to include if they are using an auditing system (for example: chart, electronic reminders, etc.) to remain consistent with completion of Employee Orientation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (3e) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers,	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having completed the required initial training Orientation: Other policies and procedures that are applicable to their positions, duties, and responsibilities,	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
and students/interns shall be given orientation and training regarding: 3e. Other policies and procedures that are applicable to their positions, duties, and responsibilities.		within 14 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	The provider will need to provide an explanation why the orientation was not completed for Employee "#1 and Employee #2, if not trained. The provider will need to include a step-by-step plan of action on how they will ensure that all employee's orientations are completed per OL Regulation, how they will ensure that the citation does not become systemic, and the person(s) title that will be responsible for ensuring compliance to this regulation moving forward. The provider will need to include if they are using an auditing system (for example: chart, electronic reminders, etc.) to remain consistent with completion of Employee Orientation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (4) - Required initial training: 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance.	12/13/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation.		Employee #2 having been enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority within 30 days following their begin date, unless the employees were currently certified in first aid and cardiopulmonary resuscitation. The provider did not have any Employee Records accessible during the unannounced inspection.	OLR) Partially Accepted 11/12/2024 The provider will need to show proof of evidence of Employee #1 and Employee #2 having been enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority within 30 days following their begin date. The provider will need to upload documented proof of having had these trainings to the Providers CAP Response within 5 business days of LS issuing this Licensing Report. The provider will need to include a plan of action to ensure that this citation does not become systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. Employees #2 cards will be placed in the file by 12/13/24. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (5) - Required initial training: 5. Within 30	N	35 Guarantee Street Petersburg, Virginia 23803	PR) 10/30/2024 The staff files are in the staffs office to be	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
days following their begin date, all staff working with residents shall be trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.		This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having been trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention, within 30 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Employee #1 and Employee #2 having been trained in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention, within 30 days following their begin date. The provider will need to show documented proof of the completion of the mentioned trainings for Employee #1 and Employee #2, by uploading the trainings to their Provider Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will also need to identify step-by-step how they would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home.	

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (6) - Required initial training: 6. Within 30 days following their begin date, all staff shall be trained on the facility's policies and procedures regarding standard precautions.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having been trained on the facilities policies and procedures regarding standard precautions, within 30 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Employee #1 and Employee #2 having been trained on the facilities policies and procedures regarding standard precautions, within 30 days following their begin date. The provider will need to show documented proof of the completion of the mentioned trainings for Employee #1 and Employee #2, by uploading the documented trainings to their Provider Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will also need to identify step-by-step how they would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant.	12/13/2024

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (7) - Required initial training: 7. Within 30 days following their begin date, all staff shall be trained on appropriate siting of children's residential facilities, and good neighbor policies and community relations.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having been trained on appropriate siting of children's residential facilities, and good neighbor policies and community relations, within 30 days following their begin date. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Employee #1 and Employee #2 having been trained on appropriate siting of children's residential facilities, and good neighbor policies and community relations, within 30 days following their begin date. The provider will need to show documented proof of the completion of the mentioned trainings for Employee #1 and Employee #2, by uploading the documented trainings to their Provider Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will also need to identify step-by-step how they would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be	12/13/2024

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

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (8) - Required initial training: 8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications and before administering medications. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Employee #1 and Employee #2 having successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications and before administering medications. The provider will need to show documented proof of the completion of the requested training for Employee #1 and Employee #2, by uploading the documented trainings to their Provider Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will also need to identify step-by-step how they would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward.	12/13/2024

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CORRECTIVE ACTION PLAN**

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	
12VAC35-46-310. A. (9) - Required initial training: 9. All staff shall be trained in any area of quality improvement as identified from the results of the quality improvement plan.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having been trained in any area of quality improvement as identified from the results of the quality improvement plan. The provider did not have any Employee Records accessible during the unannounced inspection.	PR) 10/30/2024 The staff files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Employee #1 and Employee #2 having been trained in any area of quality improvement as identified from the results of the quality improvement plan. The provider will need to show documented proof of the completion of the requested training for Employee #1 and Employee #2, by uploading the documented trainings to their Provider Corrective Action Plan within 5 business days of LS issuing this Licensing Report. The provider will also need to identify step-by-step how they	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. D. - Providers shall develop and implement written policies and procedures to ensure that part-time staff receive training applicable to their positions.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed and implemented written policies and procedures to ensure that part-time staff receive training applicable to their positions.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify a step-by-step plan of action on how they would work towards preventing the citation from becoming systemic and for ensuring compliance towards this regulation moving forward. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. OLR) Accepted 12/06/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-60. J. - The provider's current policy and procedure manual shall be readily accessible to all staff.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider failed to have current policy and procedure manual readily accessible to all staff, as evidence by the provider not having their policies and procedures available to be accessed during the unannounced inspection.	PR) 10/30/2024 The policies and procedures will be placed in the staff's office effective Monday, 11/4/2024. OLR) Partially Accepted 11/08/2024 The provider will need to attach a copy of their Policies and Procedures to this Corrective Action Plan for review by LS. The provider will need to add to their response the title of the person responsible for ensuring that the Policies and Procedures remain available and updated for review. PR) 12/03/2024 The policies and procedures will be placed in the staff's office effective 12/13/24. The Clinical Director/Program manager will met once a month to discuss any changes or updates need for the policies and procedures. The program manager will make sure that the policies and procedures are available for review upon request at the home. OLR) Accepted 12/06/2024	12/13/2024
12VAC35-46-630. - Children shall be accepted only by court order or by written placement agreement with legal guardians.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 being accepted only by court order or by written placement agreement with legal guardians, as evidence by the provider not having the Individual Records	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		to show for both individuals during the unannounced inspection.	The provider will need to show proof of evidence of Individual #1 and Individual #2 being accepted only by court order or by written placement agreement with legal guardians. The provider will need to attach the documented proof to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify step-by-step a plan of action of how they will ensure that this citation does not become systemic and for meeting the OL requirements of having the document in each Individual's Record. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-640. B. - The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of the facility accepting and serving only those children whose needs being compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction. The provider did not show proof of evidence of having Individual Records for individual #1 and Individual #2 during the unannounced inspection to determine the provider's compliance with this regulation.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify step-by-step a plan of action of how they will ensure that this citation does not become systemic and for meeting the OL requirements of having the document in each Individual's Record. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the flies were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two client have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-660. A. - A separate written or automated case record shall be maintained for each resident. In addition, all correspondence and documents received by the facility relating to the care of that resident shall be maintained as part of the case record. A separate health record may be kept on each resident.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof that an automated case record was maintained for each resident and that all correspondence and documents received by the facility relating to the care of that resident was maintained as part of the care record, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection. The provider did not show proof that a separate health record was kept on each resident.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify step-by-step a plan of action of how they will ensure that this citation does not become systemic and for meeting the OL requirements of having the document in each Individual's Record. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-660. B. - Each record shall be kept up to date and in a uniform manner.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof that Individual Records for #1 and Individual #2 were kept up to date and in a uniform manner, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to identify step-by-step a plan of action of how they will ensure that this citation does not become systemic and that they are meeting the OL requirements. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-660. H. - The face sheet shall be retained permanently unless otherwise specified by state or federal requirements.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof that there was a face sheet that was retained permanently unless otherwise specified by the state or federal requirements for Individual #1 and Individual #2, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 having a face sheet to their Corrective Action Plan. The provider will need to identify step-by-step a plan of action of how they will ensure that this citation does not become systemic and that they are meeting the OL requirements. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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CORRECTIVE ACTION PLAN**

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-710. A. - Admission shall be based on evaluation of an application for admission. The requirements of this section do not apply to court-ordered placements or transfer of a resident between residential facilities located in Virginia and operated by the same sponsor.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof that admission for Individual #1 and Individual #2 was based on evaluation of the application for admission, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (1) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 1. The educational needs of the prospective resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses educational needs of the resident, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current clients files are up to date. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (10) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 10. History of previous treatment for mental health, mental retardation, substance abuse, brain injury, and behavior problems;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses history of previous treatment for mental health, mental retardation, substance abuse, brain injury, and behavior problems, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (11a) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11a. History of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses history of prescription, nonprescription, and illicit drugs that were taken over the six months prior to admission, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (11b) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11b. Drug allergies, unusual and other adverse drug reactions, and ineffective medications;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses drug allergies, unusual and other adverse drug reactions, and ineffective medications, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (11c) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11c. Information necessary to develop an individualized service plan and a behavior support plan.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses information necessary to develop an individualized service plan and a behavior support plan, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (2) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 2. The mental health, emotional, and psychological needs of the prospective resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses the mental health, emotional and psychological needs of the residents, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-710. B. (3) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 3. The physical health needs, including the immunization needs, of the prospective resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses the physical health needs, including immunization needs, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	OLR) Accepted 12/06/2024 PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			been discharged but the other client's documents are in their files and available to review. The current client's files are up to date. OLR) Accepted 12/06/2024	

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (4) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 4. The protection needs of the prospective resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses the protection needs of the resident, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current client's files are up to date. OLR) Accepted 12/06/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (5) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 5. The suitability of the prospective resident's admission;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses the suitability of the resident's admission, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (6) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 6. The behavior support needs of the prospective resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses the behavioral support needs of the resident, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (7) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 7. Family history and relationships;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses family history and relationships, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (8) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 8. Social and development history;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses social and development history, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. B. (9) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 9. Current behavioral functioning and social competence;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an application of admission that addresses current behavioral functioning and social competence, in their Individual Records. The provider did not have the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the application of admission for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-710. C. - The resident's record shall contain a completed assessment at the time of a routine admission or within 30 days after an emergency admission.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof that Individual Records for Individual #1 and Individual #2 contained a completed assessment at the time of a routine admission or within 30 days after an emergency admission, as evidence by the provider not showing proof of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach the assessment, at the time of a routine admission or within 30 days after an emergency admission, for both Individual #1 and Individual #2 to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. .	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-720. A. (1) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 1. Authorizes the resident's placement;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: authorizes the resident's placement, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	OLR) Accepted 12/06/2024 PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: authorizes the resident's placement, to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-720. A. (2) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 2. Addresses acquisition of and consent for any medical treatment needed by the resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: addresses acquisition of and consent for any medical treatment needed by the residents, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: authorizes the resident's placement, to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files	12/13/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-720. A. (3) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 3. Addresses the rights and responsibilities of each party involved;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: addresses the rights and responsibilities of each party involved, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: authorizes the resident's placement, to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the flies were not available to review at the time of the inspection. The program manager will review records weekly	12/12/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-720. A. (4) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 4. Addresses financial responsibility for the placement;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: addresses financial responsibility for the placement, as evidenced by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: authorizes the resident's placement, to their Corrective Action Plan within 5 days of the LS issuing this Licensing Report. The provider will need to identify a step-by-step plan of action on how they will ensure that this citation does not become systemic or how they will remain in compliance with OL regulation. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-720. A. (5) - The facility, except a facility that accepts admission only upon receipt of the order of a court of competent jurisdiction, shall develop a written placement agreement that: 5. Addresses visitation with the resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having developed a written placement agreement for Individual #1 and Individual #2 that: addresses visitation with the resident, as evidenced by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 There is a visitation book that is in the house that we have when the social workers/PO/Guardians come to visit the youth. OLR) Partially Accepted 11/12/2024 It is important for the provider to understand that a placement agreement is a contract that signifies the Individual's/entities (parents, legal guardian, local boards of social services, etc.) that have the authority to make placements (example: a placement can be decided on where an individual decides). The provider will need to show proof of evidence of Individual #1 and Individual #2 placement agreement by attaching the document to this Corrective Action Plan within 5 days of the issuance of this Licensing Report. The provider needs to identify steps they will take to ensure that this citation meets regulation, or the citation does not become systemic.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-720. B. - Each resident's record shall contain, prior to a routine admission, a completed placement agreement signed by a facility representative and the parent, legal guardian, or placing agency.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of the Individual Records for Individual #1 and Individual #2 containing, prior to admission, a completed placement agreement signed by a facility representative and the parent, legal guardian, or placing agency, as evidence by the provider not showing proof of evidence of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 It is important for the provider to understand that a placement agreement is a contract that signifies the Individual's/entities (parents, legal guardian, local boards of social services, etc.) that have the authority to make placements (example: a placement can be deciding on where an individual decides). The provider will need to show proof of evidence of Individual #1 and Individual #2 placement agreement by attaching the document to this Corrective Action Plan within 5 days of the issuance of this	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			Licensing Report. The provider needs to identify steps they will take to ensure that this citation meets regulation, or the citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the Individual Records for Individual #1 and Individual #2 were requested. The provider did not have completed Individual Records for Individual #1 and Individual #2; therefore, there was no evidence that the individual's had completed Face Sheets.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to attach to this Corrective Action Plan, proof of evidence of Individual #1 and Individual #2 having face-sheets within 5 days of the LS issuing this Licensing Report. The provider will identify how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024
12VAC35-46-740. - Within three days	N	35 Guarantee Street Petersburg, Virginia 23803	PR) 10/30/2024	12/13/2024

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Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.		This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having individualized, measurable objectives, and strategies developed and in their Individual Records for the first 30 days, based on the reasons for admitting the residents. The provider did not show proof of having Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having individualized, measurable objectives and strategies for the first 30 days, within three days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do no become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. A. -	N	35 Guarantee Street Petersburg, Virginia 23803	PR) 10/30/2024	12/13/2024

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Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.		This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan developed within 30 days following admissions and implemented immediately thereafter, as evidence by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do no become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having a Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the flies were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients	

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (1) - Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: strengths and needs of the residents, as evidence by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do no become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having a Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical	12/13/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (2) - Individualized service plans shall describe in measurable terms the: 2.Resident's current level of functioning;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: residents' current level of functioning, as evidence by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do no become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having a Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of the LS issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The	12/13/2024

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Date of Inspection: **08-06-2024**

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: goals, objectives, and strategies established for the resident, as evidenced by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do not become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of the LS issuance of this Licensing Report.	12/13/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (4) - Individualized service plans shall describe in measurable terms the: 4. Projected family involvement;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: projected family involvement, as evidenced by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/12/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do not become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan by attaching the document to this	12/13/2024

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Organization Name: Trinity Residential Services, LLC

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Corrective Action Plan within 5 days of the LS issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (5) - Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: projected date for accomplishing each objective, as evidenced by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to provide proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all	12/13/2024

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			OL regulatory standards moving forward and do not become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having a Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of the LS issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	
12VAC35-46-750. B. (6) - Individualized service plans shall describe in measurable terms the: 6. Status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an Individualized Service Plan that describes in measurable terms: status of the projected discharge plan and estimated length of stay, except that this requirement shall not apply to a facility that discharges	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to provide proof of	12/13/2024

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23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
only upon receipt of the order of a court of competent jurisdiction.		only upon receipt of the order of a court of competent jurisdiction, as evidence by the provider not having the Individual Records for Individual #1 and Individual #2 to show during the unannounced inspection.	evidence of Individual #1 and Individual #2 having an Individualized Service Plan within the first 30 days of admission. The provider will need to identify step-by-step plan of action of how they will ensure that this citation will meet all OL regulatory standards moving forward and do no become systemic. The provider will also need to upload proof of evidence of Individual #1 and Individual #2 having a Individualized Service Plan by attaching the document to this Corrective Action Plan within 5 days of the LS issuance of this Licensing Report. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	

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23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-780. B. - The provision of case management services shall be documented in each resident's record.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having documented the provision of case management services in the Individual Records for Individual #1 and Individual #2, as evidence by the provider not having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to identify a step-by-step plan of action of how they will ensure that Individual Records will have the provision of case management services documented in them. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (1) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 1. Name, address, and telephone number of the physician and dentist to be notified;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: name, address, and telephone number of the physician and dentist to be notified. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (2) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 2. Name, address, and telephone number of a relative or other person to be notified;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: name, address, and telephone number of a relative or other person to be notified. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (3) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 3. Medical insurance company name and policy number or Medicaid number;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: medical insurance company name and policy number of Medicaid number. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (4a) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4a. Use of medication;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: information concerning use of medication. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report., as the records should be readily accessible to staff supporting the Individuals, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (4b) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4b. All allergies, including medication allergies;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: information concerning all allergies, including medication allergies. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (4c) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4c. Substance abuse and use;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: information concerning substance abuse and use. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-810. B. (4d) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4d. Significant past and present medical problems;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: information concerning significant past and present medical problems. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024
12VAC35-46-810. B.	N	35 Guarantee Street Petersburg, Virginia 23803	PR) 10/30/2024	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
(5) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.		This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of having written information concerning Individual #1 and Individual #2 that is readily accessible to staff who may have to respond to a medical or dental emergency and that includes: written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to notate in their response that they will make Individual #1 and Individual #2 Individual Records accessible in the home within 5 days of the LS issuing this Licensing Report, as the records should be readily accessible to staff supporting the Individual's, on-site. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	

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CORRECTIVE ACTION PLAN**

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. A. - Each child accepted for care shall have a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility or no later than seven days following admission, except (i) the report of an examination within the preceding 12 months shall be acceptable if a child transfers from one residential facility licensed or certified by a state agency to another; and (ii) a physical examination shall be conducted within 30 days following an emergency admission if a report of physical examination is not available.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility or no later than seven days following admission. The provider did not have proof of evidence of Individual Records for Individual #1 and Individual #2 during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/14/2024 The provider will need to upload the physical examination for Individual #1 and Individual #2 to this Corrective Action Plan. The provider will need to provide a step-by-step explanation how they will ensure that this citation does not become systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having had a screening assessment for tuberculosis as evidenced by the completion of a screening form no older than 30 days, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 All the residents have been scheduled for a TB test and this will be in their file by 11/29/24. They will receive TB test annually and this will be monitored by the house manager. OLR) Accepted 11/14/2024	11/29/2024
12VAC35-46-840. D. - Each resident's health record shall include written documentation of (i) the initial physical examination; (ii) an annual physical examination by or under the direction of a licensed physician, including any recommendation for follow-up care; and (iii) documentation of the provision of follow-up medical care recommended by the physician or as indicated by the needs of the resident.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having had a health record with written documentation of: 1. the initial physical examination; 2. an annual physical examination by or under the direction of a licensed physician, including any recommendation for follow-up care; and 3. documentation of the provision of follow-up medical care recommendation by the physician or as indicated by the needs of the resident, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 health record within 5 days of the LS issuing this licensing report. The provider will need to identify a step-by-step plan of how they will ensure that all records are accessible at the licensed location and updated accordingly.	12/13/2024

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1a) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1a. Immunizations administered at the time of the exam;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: immunizations administered at the time of the exam, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1b) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1b. Vision exam;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: vision exam, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1c) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1c. Hearing exam;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: hearing exam, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Organization Name: Trinity Residential Services, LLC

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1d) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1d. General physical condition, including documentation of apparent freedom from communicable disease, including tuberculosis;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: general physical condition, including documentation of apparent freedom and communicable disease, including tuberculosis, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1e) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1e. Allergies, chronic conditions, and handicaps, if any;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: allergies, chronic conditions, and handicaps, if any, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1f) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1f. Nutritional requirements, including special diets, if any;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: nutritional requirements, including special diets, if any, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/04/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1g) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1g. Restrictions on physical activities, if any;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: restrictions on physical activities, if any, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1h) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1h. Recommendations for further treatment, immunizations, and other examinations indicated;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: information necessary to determine the health and immunization needs of the residents, including: recommendations for further treatment, immunizations, and other examinations indicated, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/6/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (2) - Each physical examination report shall include: 2. Date of the physical examination;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: the date of the physical examination, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia 23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (3) - Each physical examination report shall include: 3. Signature of a licensed physician, the physician's designee, or an official of a local health department.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a physical examination report that included: the signature of a licensed physician, the physician designee, or an official of a local health department, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to upload proof of evidence of Individual #1 and Individual #2 physical examination report to this Corrective Action Plan. The provider will need to identify a plan of action that will support in this citation not becoming systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. G. - Each resident's health record shall include written documentation of (i) an annual examination by a licensed dentist and (ii) follow-up dental care recommended by the dentist or as indicated by the needs of the resident. This requirement does not apply to respite care facilities.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a health record that included: 1. an annual examination by a licensed dentist and 2. follow-up dental care recommendation by the dentist or as indicated by the needs of the resident, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 health record within 5 days of the LS issuing this licensing report. The provider will need to identify a step-by-step plan of how they will ensure that all records are accessible at the licensed location and updated accordingly. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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23803**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. H. - Each resident's health record shall include notations of health and dental complaints and injuries and shall summarize symptoms and treatment given.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a health record that included: notations of health and dental complaints and injuries and shall summarize symptoms and treatment given, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 health record within 5 days of the LS issuing this licensing report. The provider will need to identify a step-by-step plan of how they will ensure that all records are accessible at the licensed location and updated accordingly. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. I. - Each resident's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a health record that included or documented the facilities efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment or reports, as evidence by the provider not showing proof of having the Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 health record within 5 days of the LS issuing this licensing report. The provider will need to identify a step-by-step plan of how they will ensure that all records are accessible at the licensed location and updated accordingly. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. A. (1) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behavior;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a written behavior support plan within 30 days of admission that allows the residents to self-manage their own behaviors. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. A. (2) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 2. Identification of triggers for behaviors;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a written behavior support plan within 30 days of admission that allows the residents to self-manage their own behaviors and that included: identification of positive and problem behaviors. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 11/18/2024	11/29/2024
12VAC35-46-900. A. (3) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 3. Identification of successful intervention strategies for problem behavior;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a written behavior support plan within 30 days of admission that allows the residents to self-manage their own behaviors and that included: identification of successful intervention strategies for problem behavior. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 11/18/2024	11/29/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. A. (4) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 4. Techniques for managing anger and anxiety;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a written behavior support plan within 30 days of admission that allows the residents to self-manage their own behaviors and that included: techniques for managing anger and anxiety. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 11/18/2024	11/29/2024
12VAC35-46-900. A. (5) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 5. Identification of interventions that may escalate inappropriate behaviors.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having a written behavior support plan within 30 days of admission that allows the residents to self-manage their own behaviors and that included: identification of interventions that may escalate inappropriate behaviors. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Accepted 11/18/2024	11/29/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (1) - Individualized behavior support plans shall be developed in consultation with the: 1. Resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the resident. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (2) - Individualized behavior support plans shall be developed in consultation with the: 2. Legal guardian;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the legal guardian. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have pertinent information in their files. . OLR) Accepted 12/06/2024	12/13/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (3) - Individualized behavior support plans shall be developed in consultation with the: 3. Resident's parents, if appropriate;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the resident's parents, if appropriate. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (4) - Individualized behavior support plans shall be developed in consultation with the: 4. Program director;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the program director. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (5) - Individualized behavior support plans shall be developed in consultation with the: 5. Placing agency staff;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the placing agency staff. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 10/30/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia 23803

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (6) - Individualized behavior support plans shall be developed in consultation with the: 6. Other appropriate individuals.	NS	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 having an individualized behavior support plan that is developed in consultation with the other appropriate individuals. This is evidence by the provider not showing proof of having Individual Records for both individual's during the unannounced inspection.	PR) 11/06/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 having an Individualized Behavior Service Plan in the Individual Records. The provider will need to identify a plan of action of how they will ensure that this citation does not become systemic. PR) 12/03/2024 The client files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in complains with all the regulations needed to operate a group home. The two clients have been discharged but the placement agreements are in their discharged files. The current clients all have placement agreements in their files. OLR) Accepted 12/06/2024	12/13/2024

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License #: 5649-14-008

Organization Name: Trinity Residential Services, LLC

Date of Inspection: 08-06-2024

Program Type/Facility Name: 14-008 35 Guarantee Street Petersburg, Virginia
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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-970. A. - Each resident of compulsory school attendance age shall be enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business days. Documentation of the enrollment shall be kept in the resident's record.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the on-site inspection on 08/06/2024, the provider did not show proof of evidence of Individual #1 and Individual #2 being enrolled, as provided in the Code of Virginia, in an appropriate educational program within five school business day, as evidence by the provider not having the Individual Records for both individuals during the unannounced inspection.	PR) 11/06/2024 The client files are in the staffs office to be reviewed and all the required documents will be completed and in the files by 11/29/24. The house manager will review records weekly to make sure that we are in compliance. OLR) Partially Accepted 11/18/2024 The provider will need to show proof of evidence of Individual #1 and Individual #2 being enrolled in an appropriate educational program within five school business days. The provider will need to identify a plan of action for ensuring that all future admissions are enrolled in an educational program within 5 school business days. PR) 12/03/2024 The staff files are in the staff's office to be reviewed and all the required documents will be completed and in the files by 12/13/24. The citation was given because the files were not available to review at the time of the inspection. The program manager will review records weekly to make sure that everything remains compliant. In addition, the program manager and clinical director will meet monthly to assure that the files are in compliance with all the regulations needed to operate a group home. The two clients have been discharged but the other client's documents are in their files and available to review. The current client's files are up to date and show their educational plans. OLR) Accepted 12/06/2024	12/13/2024

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

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License #: **5649-14-008**

Organization Name: **Trinity Residential Services, LLC**

Date of Inspection: **08-06-2024**

Program Type/Facility Name: **14-008 35 Guarantee Street Petersburg, Virginia
23803**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations: Please review the licensing report and respond with the Corrective Action Plan by the due date, which is listed in the report. LS recommends that the provider leaves all records needed to establish compliance towards OL Regulations at the licensed location.				
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.				
Jessika Bennett, Licensing Specialist		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				