

**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: **12-23-2024**

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. (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;	NS	HEALTH AND SAFETY VIOLATION 35 Guarantee Street Petersburg, Virginia 23803 This regulation was NON-COMPLIANT SYSTEMIC as evidenced by: During the unannounced inspection on 12/23/2024, the provider did not show proof of evidence of Employee #1 and Employee #2 having documented Child Protective Services and Criminal History Background searches or results in their Employee Records. The provider received a systemic citation for this same regulation during the providers unannounced inspection on 08/06/2024	PR) 01/03/2025 Employee #1 and Employee #2 background checks have both been received and placed in their respective employee files. Employee #1 background check is attached because the licensing specialist was not able to see it at the time of the inspection. Employee #2 background check was available for the licensing specialist to see and review. Employee #1 central registry was in the file and the specialist was able to review the form. Employee #2 central registry form was sent back to the employer because it was not notarized. The CRF was resent on 12/31/24 for Employee #2. There are 6 employees working at the home. All 6 employees background checks has been submitted. Four of the six have been completed and are placed in the files in the home. The other 2 are currently being proceed and this is noted in the Connect system under background checks. There are 6 employees again that work in the home. four of the six central registry is in the file. The other two have been send, one on 12/31/24 and the other on 1/1/25. To assure that this will not occur again, the program manager and clinical director will meet weekly to discuss employees , needed training, expiration dates and continuous needed training. The program manager upon hiring a new staff will review the file and needed items with the new employee to assure that the new employee and current employee files are current and compliant.	1/24/2025

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			OLR) Partially Accepted 01/14/2025 The provider will need to upload a copy of Employee #1 and Employee #2 Central Registry results and Employee #2 Background Search results to their Corrective Action Plan. The Licensing Specialist cited for the previous documents not being on site during the providers 12/23/2024 unannounced inspection and still have not been able to review the documents. The Licensing Specialist was able to see the Background Search Results for Employee #1, as the provider has attached the documents to their Corrective Action Plan response. PR) 01/21/2025 Employee #1 and Employee #2 background checks have both been received and placed in their respective employee files. Employee #1 background check is attached because the licensing specialist was not able to see it at the time of the inspection. Employee #2 background check was available for the licensing specialist to see and review. Employee #1 central registry was in the file and the specialist was able to review the form. Employee #2 central registry form was sent back to the employer because it was not notarized. The CRF was resent on 12/31/24 for Employee #2 (We are awaiting results for Employee #2 CRF). To assure that this will systemic violation not occur again, <u>the program manager, house</u>	

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			<u>manager and clinical director will meet weekly</u> to discuss employees , needed training, expiration dates and continuous needed training. The program manager will hire new staff but the new staff <u>will not start until their background check results and central registry results have been received moving forward.</u> OLR) Accepted 01/22/2025	
12VAC35-46-80. B. - The provider shall submit to the department and implement a written corrective action plan for each regulation for which the provider is found to be in noncompliance.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the unannounced inspection on 12/23/2024, the provider received a systemic citation for the regulation 300.B.7 for Employee #1 and Employee #2, as the provider was cited for the same regulation on 08/06/2024.	PR) 01/03/2025 The provider received a systemic violation for not having 300.7 for Employee #1 and #2. Employee #1 file has been completed. Employee # 2 file is being completed and will be placed in the home. This will not be a problem again because the program manager and clinical director will review files monthly to make sure that the files are in compliance and available upon request. Employee #1 file is completed and Employee #2 file is now at the home and is awaiting CRF-that has been sent off. The CRF was sent off but there was some confusion because the form was not notarized. The form has been completed and resent-we awaiting the results. OLR) Partially Accepted 01/14/2025 The provider will need to provide a step-by-step plan of action that speaks to things they will do to reduce the chances of them receiving systemic citations and that will also specify the steps they will take when they do receive systemic citations. The provider will need to identify the title of the person(s) responsible for ensuring that their plan of action is implemented.	1/24/2025

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			PR) 01/21/2025 The provider received a systemic violation for not having 300.7 for Employee #1 and #2. Employee #1 file has been completed. Employee # 2 file is being completed and will be placed in the home. This will not be a problem again because the program manager and clinical director will review files monthly to make sure that the files are in compliance and available upon request. Employee #1 file is completed and Employee #2 file is now at the home and is awaiting CRF-that has been sent off. The CRF was sent off but there was some confusion because the form was not notarized. The form has been completed and resent-we awaiting the results. To ensure that no systemic issues not happen again, the provider will require the <u>clinical director, program manager and house manager</u> to meet weekly to discuss the current employees files and the clients files (weekly). This will ensure that are employee files and client files are in compliance. If the is any discrepancies/issues the clinical director, program manager and house manager will identify those issue and determine a resolution a timely manner. The program manager and house manager will attend trainings conducted by DBHDS to make sure that we are aware of any policy changes changes/trainings that we need to adhere to so that our program is compliant. In addition , we assigned the program manager with task of reviewing all files monthly (Employees/Clients) to make sure that all documents are current. and are updated in	

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			the respective files and available to review. We believe that these steps will help us remain in compliance and avoid any systemic violations in the future. Finally, we believe that weekly meetings between (Clinical Director, Program Manager and House Manager) will help us to be more proactive and less reactive so that we can be in compliance at all times. The program director will make sure that all records are available and in the home when licensure visit. We hope that our diligence and hypervigilance will make us a better program. 1. When we hire a new person-they will not be placed on the schedule until there background check has been completed to ensure that we are not putting our clients in harms way. 2. When hiring a new person-they will have their central registry form sent off and they will not start until the CRF results are received by us and available in their records moving forward. 3. We will ensure that all documents/trainings/orientation are in the employees file and trainings within 7-14 days. The above will be 1-3 has been assigned to the program director. We hope that the above steps are systematic and shows how will are willing to change, learn and be a better program to avoid any systemic violations. OLR) Accepted 01/22/2025	

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General Comments / Recommendations:

The provider will need to submit their Corrective Action Plan by the due date indicated in their Licensing Report.

The provider received a systemic health and safety citation for the regulation 300.B.7.

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