

**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: **02-14-2025**

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>
12VAC35-46-280. A. (4) - There shall be a written job description for each position that, at a minimum, includes the: 4. Minimum education, experience, knowledge, skills, and abilities required for entry-level performance of the job.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: In review of Employee #1 Record, the provider failed to show evidence of a written job description that included minimum education, experience, knowledge, skills, and abilities required for entry-level performance of the job.	PR) 04/07/2025 1. The employee #1 did not have a written job description in the employees file that included education, experience and knowledge.. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Date of Inspection: **02-14-2025**

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. (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:	PR) 04/07/2025 1. The following information was not 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. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. This will ensure that the trainings will be in the file and in compliance. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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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
12VAC35-46-310. 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: In review of Employee #1 Record, the provider failed to ensure that the Employee received orientation and training within 14 days following their begin date on practices of confidentiality, as evidenced by there being no proof of orientation for the Employee.	PR) 04/07/2025 1. The employees did not have a written job description in the employees file that included education, experience and knowledge. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Date of Inspection: **02-14-2025**

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. (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: In review of Employee #1 Record, the provider failed to ensure that the Employee received orientation and training within 14 days following their begin date on the decision-making plan, as evidenced by there being no proof of orientation for the Employee.	PR) 04/07/2025 1. The employee's did not have a the required trainings 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. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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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
12VAC35-46-310. 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 regarding: 3d. These regulations including the prohibited actions as outlined in this regulation;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: In review of Employee #1 Record, the provider failed to ensure that the Employee received orientation and training within 14 days following their begin date on these regulations including the prohibited actions as outlined in this regulation, as evidenced by there being no proof of orientation for the Employee.	PR) 04/07/2025 1. The employees did not have the following trainings in their files 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: 3d. These regulations including the prohibited actions as outlined in this regulation. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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, and students/interns shall be given orientation and training regarding: 3e. Other policies and procedures that are applicable to their positions, duties, and responsibilities.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: In review of Employee #1 Record, the provider failed to ensure that the Employee received orientation and training within 14 days following their begin date on other policies and procedures that are applicable to their positions, duties, and responsibilities, as evidenced by there being no proof of orientation for the Employee.	PR) 04/07/2025 1. The employees did not have the following trainings in their files 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. These regulations including the prohibited actions as outlined in this regulation. 2. We have implemented a plan that each employee's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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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
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: During the inspection of the physical plant, the provider failed to ensure that the interior of the licensed location was properly maintained as evidenced by bedroom's #1 and #4 blinds being torn, Bedroom's #1, #3, and #4 wall paint being chipped in multiple spots, and there being a clutter of bags at the top of the stairway.	PR) 04/07/2025 1. During the inspection of the physical plant, the provider failed to ensure that the interior of the licensed location was properly maintained as evidenced by bedroom's #1 and #4 blinds being torn, Bedroom's #1, #3, and #4 wall paint being chipped in multiple spots, and there being a clutter of bags at the top of the stairway. 2. We have implemented a plan that the house will be inspected weekly by the house manager to assure compliance and that all documents are in place in the file. 3. This will be monitored by our house manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days or the employee will not be able to be on shift. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025
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	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Upon review of Individual #1 Record, the provider failed to include a completed face sheet that contained birthplace, gender, race, social security number, religious preference, name, addresses, and telephone numbers of the Individuals' legal guardians, placing agency, emergency contacts, and parents, if applicable. Upon review of Individual #2 Record, the provider failed to include a completed face sheet that contained birthplace,	PR) 04/07/2025 1. The residents did not have a written job description in the employees file that included education, experience and knowledge. 2. We have implemented a plan that each residents file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the	5/7/2025

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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>
admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.		gender, race, religious preference, name, addresses, and telephone numbers of the Individuals' legal guardians, placing agency, emergency contacts, and parents, if applicable.	document will be in the file within 3 days. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Not Accepted 04/08/2025 The provider did not respond correctly according to the citation for regulation 12VAC35-46-730.A. The citation issued was pertaining Individual's #1 and #2 face sheet. The provider's response was pertaining employee job descriptions. The provider will need to provide a response to the citation for regulation 12VAC-46-730.A addressing the missing components on Individual's #1 and #2 face sheets. PR) 04/09/2025 1. The residents did not have at the time that the specialist came into the home in their files The following: 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. 2. We have implemented a plan that each residents file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents it will be noted and the document will be in the file within 3 days.	

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12VAC35-46-750. A. - An individualized service plan shall be developed and placed in the resident's record within 30 days following admission and implemented immediately thereafter.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: In review of Individual #1 Record, the provider failed to show proof of evidence of the Individual having an individualized service plan that was developed and placed in the Individual's Record within 30-days following admission and implemented immediately thereafter.	PR) 04/07/2025 1. The residents did not have ISP's in their files. The ISP's will be placed in the files after being reviewed. 2. We have implemented a plan that the ISP's file will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. C. - The initial individualized service plan shall be reviewed within 60 days of the initial plan and within each 90-day period thereafter and revised as necessary.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by:	PR) 04/07/2025 1. The residents did not have ISP's in their files. The ISP's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the ISP's file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Individual #1 Record Review revealed the provider failed to show proof of evidence of Individual #1 having a documented Quarterly Review, dated 12/19/2025 (60 days following the Individual's initial individualized service plan), that shows the Individual's progress.	PR) 04/07/2025 1. The residents did not have Quarterly's in their files. The Quarterly's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the Quarterly's will be in the residents file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (2) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the: 2. Family's involvement;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Individual #1 Record Review revealed the provider failed to show proof of evidence of Individual #1 having a documented Quarterly Review, dated 12/19/2025 (60 days following the Individual's initial individualized service plan), that shows the Individual's progress.	PR) 04/07/2025 1. The residents did not have Quarterly's in their files. The Quarterly's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the Quarterly's will be in the residents file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (3) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 3. Continuing needs of the resident;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Individual #1 Record Review revealed the provider failed to show proof of evidence of Individual #1 having a documented Quarterly Review, dated 12/19/2025 (60 days following the Individual's initial individualized service plan), that shows the Individual's progress.	PR) 04/07/2025 1. The residents did not have Quarterly's in their files. The Quarterly's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the Quarterly's will be in the residents file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (4) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90-day period thereafter that shall report the: 4. Resident's progress towards discharge;	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Individual #1 Record Review revealed the provider failed to show proof of evidence of Individual #1 having a documented Quarterly Review, dated 12/19/2025 (60 days following the Individual's initial individualized service plan), that shows the Individual's progress.	PR) 04/07/2025 1. The residents did not have Quarterly's in their files. The Quarterly's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the Quarterly's will be in the residents file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (5) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 5. Status of discharge planning.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: Individual #1 Record Review revealed the provider failed to show proof of evidence of Individual #1 having a documented Quarterly Review, dated 12/19/2025 (60 days following the Individual's initial individualized service plan), that shows the Individual's progress.	PR) 04/07/2025 1. The residents did not have Quarterly's in their files. The Quarterly's will be placed in the files after being reviewed. The ISP's will be reviewed very 60 days of the initial and 90 days after. 2. We have implemented a plan that the Quarterly's will be in the residents file and will be reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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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: In review of Individual #1 Record, the provider did not show proof of evidence of the Individual having a physical examination completed by or under the direction of a licensed physician within seven days following admission.	PR) 04/07/2025 1. The residents did not have a physical dated within 90 days prior or 7 days after admissions to our facility. 2. We have implemented a plan that we will request that the resident has a physical dated within 90 days of admissions provided by the social worker. If not we (Program Manager)schedule a physical examination within 7 days after the resident is accepted to our facility. e reviewed weekly to assure compliance and that all documents are in place in the file. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	35 Guarantee Street Petersburg, Virginia 23803 This regulation was NOT MET as evidenced by: In review of Individual #2 Record, the provider failed to ensure that the Individual's medications are administered as prescribed, as evidenced by Medication #1 not being present in the Individual's residence at the time of the inspection.	PR) 04/07/2025 1. We have now bought QUICK MAR-the electric medications system that shows and tracks the medication prescribed to our residents. 2. We have implemented QUICK MAR system to ensure that the individuals medications are administered and prescribed for the resident. 3. This will be monitored by our program manager on a weekly basis and if there are any missing documents. 4. This will begin effective immediately with everything being up to date by 5/7/25. OLR) Accepted 04/08/2025	5/7/2025

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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.				
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				