DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **5908-14-008**
Organization Name: **Pathway to Success, LLC**

Date of Inspection: **06-03-2025**
Program Type/Facility Name: **14-008 Pathway House**

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	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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Date of Inspection: **06-03-2025**
Program Type/Facility Name: **14-008 Pathway House**

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	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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12VAC35-46-300. B. (2) - The records of each employee shall include: 2. Educational background and employment history;	N	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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12VAC35-46-300. B. (4) - The records of each employee shall include: 4. Reports of required health examinations;	N	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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12VAC35-46-300. B. (6) - The records of each employee shall include: 6. Date of employment for each position held and separation;	N	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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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	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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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	Pathway House This regulation was NOT MET as evidenced by: Upon request of Employee #3's personnel record, the provider stated they failed to have a completed record. The provider had a binder however no documentation to review within the record.	PR) 06/09/2025 Violation: Incomplete Employee Record Personnel file for Employee #3 was found to be missing all documentation. Corrective Action: To address this issue, we will adhere to 12VAC35-46-300: Personnel Records. The Program Director will conduct a staff record review every 30 days using the Staff Record Review Checklist, ensuring all documentation is current and properly logged in our Record Review Log. Status: This violation has been resolved. A complete personnel file has been created for the LMHP. OLR) Accepted 06/16/2025	6/9/2025

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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	Pathway House This regulation was NOT MET as evidenced by: Upon review of the physical plant, the provider failed to keep the interior in good working order. Review of the bathroom revealed the fan not working when the switch was turned on.	PR) 06/09/2025 Violation: Bathroom Not Properly Maintained The bathroom fan was non-functional when tested using the wall switch. Corrective Action: To ensure all maintenance issues are promptly identified, we will implement the 30-Day Maintenance Checklist. This checklist requires the Program Director, Program Manager, or House Lead to inspect the facility monthly, including verification that all essential fixtures and safety components-such as the bathroom fan-are operational. Status: The issue is currently being addressed. Our landlord was notified on June 6, 2025, and repairs are pending. OLR) Accepted 06/16/2025	6/20/2025

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12VAC35-46-660. I. - Entries in a resident's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.	N	Pathway House This regulation was NOT MET as evidenced by: Upon review of Individual #1 and Individual #2's progress notes, the provider failed to have entries in the resident's record that are dated and authenticated by the person making the entry. Review of Individual #1 and Individual #2's progress notes revealed no signatures or dates on the progress notes.	PR) 06/09/2025 Violation: Progress Notes Not Signed by Staff Review of documentation revealed that several progress notes lacked required staff signatures and dates. Corrective Action: Due to a misunderstanding of the regulation regarding authentication of progress notes, staff were unaware that each note required a signature and date. Staff will retroactively sign any submitted progress notes lacking signatures. Moving forward, staff will confirm authorship by checking an "authentication" box on each entry. We are also in the process of transitioning to a digital documentation platform, with the goal of full implementation by August 2025, which will support electronic signature tracking and compliance. Status: This violation is actively being addressed through the above measures. OLR) Accepted 06/16/2025	6/13/2025

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12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.	N	Pathway House This regulation was NOT MET as evidenced by: Upon review of Individual #1's medications and medication administration record (MAR), the provider failed to have evidence of Medication #1 being prescribed in writing by a person authorized by law to prescribe medication. Review of Individual #1's medications revealed Medication #1 was listed on the MAR however was not included on the physician's order and there was no evidence of a script to review.	PR) 06/09/2025 Violation: Lack of Written Prescription for Medication Medication #1 was documented on the MAR without written verification from an authorized prescriber, and no corresponding physician's order or prescription was available for review. Corrective Action: To ensure compliance with 12VAC35-46-850.E, the House Lead will complete a MAR Audit Checklist every 30 days to verify that all medications listed on the MAR are supported by a current written prescription or physician's order. Additionally, all corresponding physician's orders and scripts have been obtained and placed in the medication binder for Individual #1. Status: This violation has been addressed. Documentation has been updated, and monthly audits will continue to ensure ongoing compliance. OLR) Accepted 06/16/2025	6/9/2025

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General Comments / Recommendations:

Please make sure to include the following in your Corrective Action Plan response:

1. Please identify the root cause(s) of the violation;
2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist).
4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.
5. Include a date of completion for each corrective action.

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.

Jennifer Thomasson, Regional Manager	(Signature of Organization Representative)	Date

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