License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **06-28-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-280. A. (1) - There shall be a written job description for each position that, at a minimum, includes the: 1. Job title;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1 is identified as the case manager, however there was no job description in the record. Employee #3 is identified as the CAO, however there was no job description in the employee's personnel record for that job title.	PR) 08/16/2024 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The issue that led to non compliance was not being familiar with the standard 12VAC35-46-280. Employee #1 identified as case manager file now has a job description in the file for the case manager position. Employee #2 identified as CAO file now has a job description in the file for case manager position. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation: Review and assess .Key areas of concern have been documented for immediate attention. Protocol Development and Updates: Regulations have been reviewed and responsibilities and documentation procedures to ensure compliance are understood. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it	8/16/2024

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			will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Owner CAO When onboarding a new employee a job description will be added to the file. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 8/16/2024 OLR) Accepted 08/26/2024	
12VAC35-46-280. A. (2) - There shall be a written job description for each position that, at a minimum, includes the: 2. Duties and responsibilities of the incumbent;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1 is identified as the case manager, however there was no job description in the record. Employee #3 is identified as the CAO, however there was no job description in the employee's personnel record for that job title.	PR) 08/16/2024 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The issue that led to non compliance was not being familiar with the standard 12VAC35-46-280. Employee #1 identified as case manager file now has a job description in the file for the case manager position. The job description at minimum includes two duties and responsibilities of the incumbent. Employee #2 identified as CAO file now has a job description in the file for case manager position. The job description at minimum includes two duties and responsibilities of the	8/16/2024

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			incumbent. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation: Review and assess .Key areas of concern have been documented for immediate attention. Protocol Development and Updates: Regulations have been reviewed and responsibilities and documentation procedures to ensure compliance are understood. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Owner CAO When onboarding a new employee a job description will be added to the file. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 8/16/2024 OLR) Accepted 08/26/2024	
12VAC35-46-280. A. (3) - There shall be a written job description	N	Teen Titan Youth Home College Drive	PR) 08/16/2024 1. Provide a statement of the issue that led to	8/16/2024

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for each position that, at a minimum, includes the: 3. Job title of the immediate supervisor;		This regulation was NOT MET as evidenced by: Employee #1 is identified as the case manager, however there was no job description in the record. Employee #3 is identified as the CAO, however there was no job description in the employee's personnel record for that job title. Employee #2 and #3's DSP job description did not document the job title of the employee's immediate supervisor.	non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The issue that led to non compliance was not being familiar with the standard 12VAC35-46-280. Employee #1 identified as case manager file now has a job description in the file for the case manager position. The job description at minimum includes two duties and responsibilities of the incumbent. Employee #2 identified as CAO file now has a job description in the file for case manager position. The job description at minimum includes two duties and responsibilities of the incumbent. Employee #2 and #3 DSP Job description currently documents the job title of the employees immediate supervisor. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation: Review and assess .Key areas of concern have been documented for immediate attention. Protocol Development and Updates: Regulations have been reviewed. Responsibilities and documentation procedures to ensure compliance are understood. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in	

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			compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Owner CAO When onboarding a new employee a job description will be added to the file that includes duties, responsibilities and employees immediate supervisor. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 8/16/2024 OLR) Accepted 08/26/2024	
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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1 is identified as the case manager, however there was no job description in the record. Employee #3 is identified as the CAO, however there was no job description in the employee's personnel record for that job title.	PR) 08/16/2024 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The issue that led to non compliance was not being familiar with the standard 12VAC35-46-280. Employee identified as case manager file now has a job description in the file for the case manager position. The job description at minimum includes two duties and responsibilities of the incumbent. Employee identified as CAO file now has a job description in the file for case manager position.	8/16/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			The job description at minimum includes two duties and responsibilities of the incumbent along with minimum education, experience, knowledge and skills. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation: Review and assess .Key areas of concern have been documented for immediate attention. Protocol Development and Updates: Regulations have been reviewed and responsibilities and documentation procedures to ensure compliance are understood. 3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Owner CAO When onboarding a new employee a job description will be added to the file. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 8/16/2024 OLR) Accepted 08/26/2024	

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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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1's personnel record did not contain a job description or the employee's job title of case manager.	PR) 08/23/2024 **Immediate Corrective Actions:** 1. **Obtain and Add Job Description:** ◦ Draft or retrieve the job description for the position of "Case Manager." ◦ Ensure that the job description includes essential duties, responsibilities, qualifications, and reporting structure. 2. **Update Personnel Records:** ◦ Immediately add the job description and job title to Employee #1's personnel record. ◦ Verify that the updated record is accurate and complete. **Systemic Corrective Actions:** • Standardize Job Descriptions • Implement Job Description Checklist **Preventative Measures:** • Regular Record Audits by CAO and/or owner for accuracy OLR) Partially Accepted 09/18/2024 Please indicate in your response the frequency of "regular record audits".	8/23/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 11/26/2024 Please indicate in your response the frequency of "regular record audits". Every 60 days. OLR) Accepted 12/09/2024	
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #2's personnel record did not contain written references or notations of oral references.	PR) 08/16/2024 1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation. The issue that led to non compliance was not being familiar with the standard:12VAC35-46-300 Employee identified as missing written references or notations of oral references have been updated. The employee provided two written references for the file. 2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation: Review and assess .Key areas of concern have been documented for immediate attention. Protocol Development and Updates: Regulations have been reviewed. Responsibilities and documentation procedures to ensure compliance are understood. Remaining employees files have been reviewed to ensure this information is part of the file. 3. Include Staff by Title who will monitor the	8/16/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist). Owner CAO When onboarding a new employee written references or notations of oral references will be included in the file. 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 8/16/2024 OLR) Accepted 08/26/2024	
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1's record did not contain an annual performance evaluation although the employee's DSP job description documents a supervisor.	PR) 08/23/2024 **Immediate Corrective Actions:** 1. **Conduct Performance Evaluation:** ◦ Schedule and complete a performance evaluation for Employee #1 as soon as possible. ◦ Ensure the evaluation is thorough and covers all relevant aspects of the employee's job performance. **Systemic Corrective Actions:** 1. **Revise Performance Evaluation Procedures:** ◦ Review and update the	8/24/2024

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			performance evaluation procedures to ensure compliance with regulatory requirements. ◦ Develop a standardized performance evaluation form that includes all necessary components and aligns with job descriptions. **Preventative Measures:** 1. **Regular Record Audits:** ◦ Schedule periodic audits of employee records to ensure that performance evaluations are being completed and documented as required. ◦ Address any issues found during these audits promptly. 2. **Performance Evaluation Calendar:** ◦ Owner will Develop and maintain a performance evaluation calendar that includes due dates for evaluations for all employees. ◦ Owner and/or CAO will Ensure that this calendar is monitored regularly to track upcoming evaluation deadlines. 3. **Evaluation Process Review:** ◦ Conduct a review of the performance evaluation process annually to identify any potential issues or areas for improvement. OLR) Partially Accepted 08/26/2024 Please indicate specifically how often audits of	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			employee records will occur and the title of the employee responsible for the audits. PR) 11/26/2024 Employee 1's record did not contain an annual performance evaluation although the employee's DSP job description documents a supervisor. Employee 1 has had a annual perfromance evaluation completed. OLR) Partially Accepted 12/09/2024 Please indicate specifically how often audits of employee records will occur and the title of the employee responsible for the audits. PR) 12/18/2024 OLR) Partially Accepted 12/09/2024 Please indicate specifically how often audits of employee records will occur and the title of the employee responsible for the audits. Review of employees records will occur every 90 days and will be the responsibility of the owner. OLR) Accepted 12/20/2024	
12VAC35-46-300. B. (6) - The records of each employee shall include: 6. Date of employment for each position held and separation;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1's job description did not contain the date of employment for each position held.	PR) 08/23/2024 **Immediate Corrective Actions** 1. **Update Employee Records:** ◦ **Action:** Add the missing dates of employment for each position held	8/24/2024

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			by Employee #1 to the personnel file. ◦ **Timeline:** Within 24 hours of this corrective action plan's approval. ◦ **Responsible Party:** Owner and/or CAO 2. **Document Separation Dates:** ◦ **Action:** Ensure that Employee #1's separation date is documented in the personnel file. ◦ **Responsible Party:** Owner and/or CAO **Systemic Corrective Actions** 1. **Review and Revise Record-Keeping Procedures:** ◦ **Action:** Evaluate and update procedures for documenting employment dates to ensure compliance with regulations. ◦ **Responsible Party:** Owner and/or CAO **Preventive Measures** 1. **Regular Audits of Personnel Records:** ◦ **Action:** Conduct periodic audits of personnel records to ensure all required documentation, including dates of employment, is accurately maintained. ◦ **Responsible Party:** Owner and/or CAO OLR) Partially Accepted 08/26/2024	

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			Please indicate specifically how often audits of personnel records will be completed. PR) 11/26/2024 Employee #1's job description did not contain the date of employment for each position held. This has been updated. OLR) Partially Accepted 12/09/2024 Please indicate specifically how often audits of personnel records will be completed. PR) 12/18/2024 OLR) Partially Accepted 12/09/2024 Please respond with how often audits of records will occur. Every 90 days by the owner. OLR) Accepted 12/20/2024	
12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1's personnel record did not document evidence of the education of the employee.	PR) 08/23/2024 **Immediate Corrective Actions:** • Obtain Missing Documentation • Update Personnel Record • Verify and Review **Systemic Corrective Actions:** 1. **Revise Documentation Procedures:** ◦ Develop or update procedures to	8/24/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			ensure that documentation of educational degrees and professional certifications is collected and maintained for all employees. ◦ Include a checklist to confirm that all required documents are received and filed during the hiring process. Preventative Measures: **Regular Audits:** • Schedule periodic audits of employee records to ensure that educational and professional documentation is complete and up-to-date. • Address any deficiencies or issues discovered during these audits promptly. **Responsible Parties:** • **Owner and/or CAO:** Oversee the immediate corrective actions, update Employee #1's record, and ensure that documentation procedures are revised and followed. OLR) Partially Accepted 09/18/2024 Please indicate specifically how often "regular audits" of personnel records will be completed and the title of staff responsible.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 11/26/2024 Please indicate specifically how often "regular audits" of personnel records will be completed and the title of staff responsible.Missing education records have been updated. OLR) Partially Accepted 12/09/2024 Please respond with how often audits of records will occur. PR) 12/18/2024 OLR) Partially Accepted 12/09/2024 Please respond with how often audits of records will occur. Review of employees records will occur every 90 days and will be the responsibility of the owner. OLR) Accepted 12/20/2024	
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	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1 and #2's personnel record did not document receipt of basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint within 7 days of the employee's begin date.	PR) 08/23/2024 **Immediate Corrective Actions:** 1. **Conduct Immediate Training:** ◦ Schedule and complete the required orientation for Employee #1 and Employee #2 within the next 24 hours. ◦ Ensure that the training covers all required topics: less restrictive interventions, timeout procedures,	8/24/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
interventions, timeout, and physical restraint.			and physical restraint techniques. **Systemic Corrective Actions:** 1. **Review and Update Orientation Procedures:** ◦ Review current orientation procedures and training schedules to ensure they meet regulatory requirements. ◦ Update the procedures if necessary to ensure that all new employees receive the required training within 7 days of their start date. **Preventative Measures:** 1. **Regular Audits:** ◦ Schedule regular audits by owner/director and/or CAO (e.g., monthly or quarterly) of personnel records to ensure ongoing compliance with training requirements. ◦ Address any discrepancies or issues found during these audits promptly. OLR) Partially Accepted 09/18/2024 Please indicate specifically how often "regular audits" of personnel records will be completed.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 11/26/2024 Regular audits will be completed every 90 days.. OLR) Accepted 12/09/2024	
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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Employee #1's personnel record did not document evidence of required training regarding the decision-making plan within 14 days of the employee's begin date.	PR) 08/23/2024 **Immediate Corrective Actions** • Complete Required Training **Systemic Corrective Actions** 1. **Review and Update Training Procedures:** ◦ **Action:** Evaluate current training procedures and materials to ensure they meet all regulatory requirements for the decision-making plan. ◦ **Responsible Party: Owner and/or CAO** 2. **Develop and Implement a Training Checklist:** ◦ **Action:** Create a checklist to verify that all required training components, including the decision-making plan, are completed and documented for all new hires and relevant personnel. ◦ **Responsible Party: Owner and/or CAO** OLR) Accepted 10/12/2024	8/24/2024
12VAC35-46-450. C. -	N	Teen Titan Youth Home College Drive	PR) 08/21/2024	8/21/2024

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Precautions shall be taken to prevent scalding from running water. Water temperatures shall be maintained between 100°F and 120°F.		This regulation was NOT MET as evidenced by: At the time of the inspection the hot water temperature was recorded at 123 degrees in the kitchen, 131 degrees in the main bathroom, and 131 degrees in the small bathroom.	**Statement of Issue and Correction** **Issue**: During a routine inspection, it was found that the water temperatures in the kitchen and both bathrooms exceeded the maximum allowable limit of 120°F. The recorded temperatures were 123°F in the kitchen and 131°F in both bathrooms. This is a violation of safety regulations intended to prevent scalding and poses a significant risk to residents. **Correction**: Immediate corrective action was taken by adjusting the water heater settings to ensure that water temperatures are maintained within the safe range of 100°F to 120°F. Maintenance was called in to recalibrate the water heater. **Systematic Changes to Ensure Compliance** **Plan of Action: The** facility's maintenance schedule will be updated to include regular inspections of the water heating system to ensure they are functioning properly. Any issues identified during these inspections will be addressed immediately. OLR) Partially Accepted 10/12/2024 Please specifically indicate how often inspections of the water heating system will occur and if this includes testing the water temperature. PR) 11/26/2024 A maintenance professional will check the water	

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			temperature every 90 days to maintain compliance. OLR) Accepted 12/09/2024	
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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: The application for Individual #1 did not document the educational needs of the Individual. The area was left blank.	PR) 08/21/2024 **Statement of Issue and Correction** **Issue**: The application for admission for Individual #1 was incomplete, with the section regarding educational needs left blank. This omission occurred because the social worker did not have the necessary information at the time of intake, and staff failed to follow up to ensure this critical information was obtained and documented. This gap in the intake process could lead to inadequate educational support and planning for the resident. **Correction**: The immediate correction involved contacting the necessary educational resources, including the resident's previous school and parents, to gather the required information. The application for Individual #1 has now been updated to include a detailed assessment of the resident's educational needs, which is now part of the resident's official file. **Systematic Changes to Ensure Compliance** **Plan of Action**: • **Revision of Admission Forms**: Admission forms will be updated to include mandatory fields that cannot be left blank, particularly regarding the educational needs of prospective	8/21/2024

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			residents. These fields will include detailed prompts to ensure comprehensive information gathering. • **Training for Staff**: All staff involved in the intake process will undergo training on the importance of accurately documenting educational needs and following up on any missing information promptly. This training will emphasize the legal requirements and the potential impacts on resident care and support. • **Follow-up Protocol**: A follow-up protocol will be established, requiring staff to check back with the educational institutions or social workers within 48 hours if any information is missing at the time of intake. This follow-up will be documented in the resident's file. **Monitoring Frequency**: • **Immediate Review**: Every new admission application will be reviewed by the CAO within 48 hours of intake to ensure all sections are complete. OLR) Accepted 10/12/2024	
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	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: The application for Individual #1 did not document the behavior support needs of the individual.	PR) 08/23/2024 **Corrective Actions:** 1. **Form Revision:** ◦ **Action:** Revise the admission application form to include a comprehensive section specifically for documenting the behavior support needs of the prospective	8/24/2024

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of the prospective resident;			resident. ◦ **Responsible Person: Owner and/or CAO** ◦ **Deadline8/26/2024** ◦ **Outcome:** Ensure that all future admission applications include detailed behavior support needs information. 2. **Staff Training:** • **Action:** Conduct mandatory training sessions for all intake staff on the importance of assessing and documenting behavior support needs during the admission process. Training will include a review of the revised application form and instructions on completing the new behavior support section. • **Responsible Person:** CAO • **Deadline:** 8/26/2024 **Outcome:** Ensure that all staff are knowledgeable and competent in assessing and documenting behavior support needs, reducing the risk of future non-compliance. **Audit and Follow-Up:** • **Action:** Conduct a quarterly audit of admission applications to ensure ongoing compliance with regulation 12VAC35-46-710. B. (6). The audit will review randomly selected files for completeness in documenting behavior support needs. • **Responsible Person: Owner and/or CAO** OLR) Partially Accepted 10/12/2024	

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			Please include in your response what led to the citation. PR) 11/26/2024 Please indicate specifically how often "regular audits" of personnel records will be completed and the title of staff responsible.Missing education records have been updated. OLR) Not Accepted 12/09/2024 Please include in your response what led to the citation. PR) 12/18/2024 Please include in your response what led to the citation. PR) 11/26/2024 When creating the admission application we were unaware this information needed to be collected. The application has been updated to request this information from the placing agency. OLR) Accepted 12/20/2024	

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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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: The application for Individual #1 did not document the social and developmental history of the individual.	PR) 08/21/2024 **Statement of Issue and Correction** **Issue**: The violation occurred because, at the time of Individual #1's admission, the application for admission did not include the social and developmental history of the individual. This oversight led to an incomplete assessment of the resident's needs and risks. **Correction**: **Revision of Admission Forms**: All admission forms will be revised to ensure that they include detailed sections for documenting social and developmental history. **Internal Audits**: An internal audit process will be implemented by the CAO review all admission files within 48 hours of acceptance for care to ensure that all required documentation, including assessments of behavioral functioning and social competence, is completed. OLR) Accepted 10/12/2024	9/6/2024

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Date of Inspection: **06-28-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: The application for Individual #1 did not document the current behavioral functioning and social competence of the individual.	PR) 08/21/2024 **Statement of Issue and Correction** **Issue**: The violation occurred because, at the time of Individual #1's admission, the application for admission did not include the required information on the resident's current behavioral functioning and social competence. This oversight led to an incomplete assessment of the resident's needs and risks. **Correction**: **Revision of Admission Forms**: All admission forms will be revised to ensure that they include detailed sections for documenting current behavioral functioning and social competence. These sections will incorporate standardized assessment tools and open-ended questions that allow for a thorough evaluation. **Internal Audits**: An internal audit process will be implemented by the CAO review all admission files within 48 hours of acceptance for care to ensure that all required documentation, including assessments of behavioral functioning and social competence, is completed. OLR) Accepted 10/12/2024	8/21/2024
12VAC35-46-780. A. (1) - The program of the facility shall be designed to provide case management services. At the time of the admission of any resident, the provider	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of Individual #1's admission, the provider did not identify in writing the staff member responsible for providing case management services.	PR) 08/21/2024 A review of the incident revealed that the failure to identify and document the staff member responsible for case management services was due to a lapse in the facility's admission protocol. Specifically, the existing admission process lacked a clear and enforced procedure for	8/21/2024

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shall identify in writing the staff member responsible for providing case management services. Case management services shall address: 1. Helping the resident and the parents or legal guardian to understand the effects on the resident of separation from the family and the effect of group living;			assigning and documenting case management responsibilities, resulting in this oversight during the intake process. Immediate Actions Taken: • **Assignment of Case Manager:** As soon as the oversight was discovered, a staff member was promptly assigned in writing to provide case management services to Individual #1. This information was communicated to the resident and their legal guardian to ensure they are aware of the designated case manager. • **Review of Current Admissions:** The facility conducted an audit of all recent admissions to verify that a staff member had been appropriately assigned to provide case management services in each case. Any similar oversights were immediately corrected. **Policy and Procedure Revision:** • **Policy Update:** The facility's admission policy has been revised to include a mandatory step for the identification and documentation of the staff member responsible for case management services at the time of each resident's admission. This step is now explicitly included in the admissions checklist. • **Documentation Protocol:** A new form has been developed and implemented, requiring the admission staff to document the assigned case manager's name and responsibilities. This form will be signed by both the staff member and the	

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			resident's legal guardian and will be included in the resident's file. **Monitoring and Compliance:** • **Admission Review Process:** A new review process has been established, where the CAO will check all admissions paperwork within 48 hours of each new resident's entry into the facility to ensure that the case management assignment has been properly documented. OLR) Partially Accepted 10/12/2024 Please include in your response the staff member role responsible for ensuring that a case manager is assigned. PR) 11/26/2024 At the time of Individual #1's admission, the provider did not identify in writing the staff member responsible for providing case management services. This information has been added to all residents file. OLR) Not Accepted 12/09/2024 Please include in your response the staff member role responsible for ensuring that a case manager is assigned.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			PR) 12/18/2024 Please include in your response the staff member role responsible for ensuring that a case manager is assigned. Owner and CAO OLR) Accepted 12/20/2024	
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	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: Individual #1 was admitted to the program on 6.13.24. A physical exam was not completed until 6.27.24. A physical examination was required no later than seven days following admission.	PR) 08/21/2024 Upon reviewing the incident, it was determined that the delay in scheduling and completing the physical examination was due to an oversight in the intake and admission procedures. Specifically, there was a lapse in communication between the TTYS team and DSS, leading to a failure in prioritizing the timely scheduling of the physical examination within the required seven-day window. DSS failed to provide the Medicaid information for youth until 6/26/24. • **Notification:** The infraction was immediately reported to the relevant regulatory body upon discovery .DSS were informed of the delay and reassured that the physical examination had been completed as of 06/27/2024. • **Review of Current Admissions:** All current residents admitted within the last 30 days have been reviewed to ensure compliance with the physical examination requirement. No further instances of non-compliance were identified. **Policy and Procedure Revision:** • **Policy Update:** The facility's admissions	8/21/2024

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			policy has been revised to explicitly require that all physical examinations be scheduled within 48 hours of admission. This change ensures adequate time for completing the examination within the seven-day window. • **Procedural Checklist:** A step-by-step admissions checklist has been created and implemented. This checklist will be completed for each new resident and will include specific tasks such as scheduling and confirming the physical examination date within the required timeline Staff training: • **Ongoing Education:** Regular refresher training sessions will be scheduled quarterly to ensure all staff remain informed about regulatory requirements and any updates to policies and procedures. Monitoring and Compliance • The monitoring of the admission information will be the responsibility of the director/owner and CAO. Administration will conduct a quarterly review of the admissions process to ensure all regulatory requirements are consistently met and to identify any areas for further improvement. OLR) Accepted 10/12/2024	
12VAC35-46-840. B. -	N	Teen Titan Youth Home College Drive	PR) 08/20/2024	8/20/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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.		This regulation was NOT MET as evidenced by: Individual #1 was admitted to the program on 6.13.24. A screening assessment for tuberculosis was not completed until 6.27.24. A tuberculosis screening was required within seven days of placement.	Upon review, it was identified that the failure to comply with regulation 12VAC35-46-840. B. occurred because a newly admitted resident did not receive a tuberculosis (TB) screening assessment within the required seven-day timeframe after placement. This oversight resulted from a lapse in communication between DSS and the group home regarding scheduling the TB test. To correct this specific violation, immediate action was taken as follows: • The resident in question was promptly scheduled for and completed a TB screening assessment using the Report of Tuberculosis Screening form published by the Virginia Department of Health. • The screening assessment was reviewed to ensure all required elements were completed accurately and that the resident was assessed within the revised timeframe. • An immediate review of all other residents admitted within the last 30 days was conducted to ensure compliance with TB screening requirements. Another resident was found to be non compliant and the resident was promptly scheduled for a TB screening assessment. To prevent recurrence of this issue and ensure ongoing compliance with the regulation, the following systematic changes will be implemented: • **Revised Admission Protocol:** The	

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			admission protocol will be updated to include a mandatory step that requires confirmation of TB screening completion within seven days of placement. This step will be added to the admission checklist, ensuring that it is not overlooked. • **Automated Reminders:** The internal electronic health record (EHR) system will be updated to include an automated reminder that will alert both the admissions and medical teams five days post-admission if a TB screening has not yet been completed. This will provide an additional safeguard to ensure compliance. OLR) Partially Accepted 10/12/2024 Please include in your response the staff member role responsible monitoring the automate reminders and ensuring that TB screenings have been completed. PR) 11/26/2024 Please include in your response the staff member role responsible monitoring the automate reminders and ensuring that TB screenings have been completed. This task will be the responsibility of the case manager is the Owner. OLR) Accepted 12/09/2024	

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General Comments / Recommendations:
This LS recommends that the provider ensures that all personnel records contain a job description for each position held by the respective employee.

This LS recommends that the provider ensures that all background checks are printed or saved when received from the BIU.

Please Include all 4 points below, in detail, in your response to each violation:

1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.
2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.
3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).
4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).

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.

Nicole Buckley, Licensing Specialist	(Signature of Organization Representative)	Date

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