

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

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Investigation ID: 316

License #: 641-14-001

Organization Name: United Methodist Family Services

Date of Inspection: 10-01-2022

Program Type/Facility Name: 14-001 United Methodist Family Services

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: Review of the intake packets reveals that Individual #1's packet is incomplete as section I and section II were blank and the date of the interview is not identified. Minimal information has been provided and it does not appear that there were many additional documents provided for the intake assessment. Individual #2's intake packet has minimal information and there are multiple questions that are not completed.	PR) 10/28/2022 The intake process has undergone changes with the hiring of a new intake worker. The forms, collection of documents, and assessments have been revised for better efficiency and flow. An admissions checklist will be utilized to ensure pertinent information is gathered for each youth accepted into the program. Monitored by: UM; Associate Director; Intake Coordinator; Case Manager; Admissions Assistant OLR) Accepted 11/01/2022	12/30/2022

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12VAC35-46-800. A. (3) - There shall be evidence of a structured program of care designed to: 3. Meet the objectives of any required individualized service plan.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: Review of the sample of the weekly calendar reveals there is a lack of programing happening in the evening. Per progress notes, there is a lack of evidence of meeting objective and goals through progress. Example: "Type DTI- Psycho Education Individual #2 participated in group session and he was responsive during group discussion. Individual #2 followed instructions during session. Individual #2 provided positive input during session and he respected the boundaries of his peers."	PR) 10/28/2022 The training for staff regarding clinical writing will be done with all staff in the coming team meetings. The schedule for youth has changed dramatically and is attached to this CAP for review. Monitored by: UM, QI Coordinator, Associate Director OLR) Accepted 11/01/2022	12/30/2022

General Comments / Recommendations:

It is recommended that provider request additional information at intake and revise intake packet to have more detailed questions of individuals' background and previous treatment. Progress notes should be more robust to include topic of intervention and link progress to the ISP goals and objectives. It is recommended to review and/or revise internal protocols regarding sight and sound to ensure that the individuals are monitored when outside the perimeter fence.

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 DeStefano

(Signature of Organization Representative)

Date

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