

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

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License #: **641-14-001**

Organization Name: **United Methodist Family Services**

Date of Inspection: **09-11-2023**

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>
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	United Methodist Family Services This regulation was NOT MET as evidenced by: See OHR citation.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: “Neglect” means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Upon review of CHRIS entry, A-20230020 and A-20230021, the provider’s investigation was substantiated for neglect based on the following: - Employee #1 failed to follow the provider’s protocol for supervision: - Employee #1 failed to ensure 15-minute checks	PR) 09/28/2023 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 staff were distracted and did not do a correct Q15 check. We corrected this through email guidance, guidance given in supervision and team discussions to ensure Q15 checks and staff supervision are done correctly. 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. The staff member in question will have an administrative discipline	9/1/2023

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		were being done timely . Individual #1 and #2 were in the bathroom together talking and engaged in the act of kissing. • It was discovered that Employee #1 failed to notice both Individual #1 and #2 were in a room together and/or one of them was missing from their room when completing bed checks during shift. • Employee #1 failed to provide services necessary to the health, safe, and welfare of Individual #1, which meets the regulatory definition for neglect. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	encounter with their supervisor • All staff will discuss at the next all staff team meeting regarding room checks and how Q15 checks are to be done in general including documentation of such checks • The supervisor of lead staff on each shift will have additional discussion to ensure Q15s are done appropriately and will also conduct some random Q15s in each suite during their shift 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). Director, QI/UM, Associate Director, Treatment Specialist 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). 9/1/2023 OHR/OLR) Accepted 10/04/2023	

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General Comments / Recommendations:				
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.				
_____ Andrea Milhouse, Human Rights		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				