

**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: **08-12-2025**

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> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 12VAC35-105-150. (4)<br>- The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board; | N           | United Methodist Family Services<br>This regulation was NOT MET as evidenced by: See OHR citation. |                            | 8/30/2025                 |

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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> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-110. C. (9a) - The provider's duties. 9. Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint. 9a. Whenever an inconsistency exists between this chapter and federal laws or regulations, accreditation or certification standards, or the requirements of third party payers, the provider shall comply with the higher standard. | N           | <p>United Methodist Family Services</p> <p>"Providers shall comply with all applicable state and federal laws and regulations, certification and accreditation standards, and third party requirements as they relate to seclusion and restraint."</p> <p>This regulation was NOT MET as evidenced by:</p> <p>The provider's investigation into CHRIS entry A:20250009 included witness statements, staff admissions, and a review of the provider's policy which revealed:</p> <p>Employee #1 implemented a restraint technique that did not meet approved protocol.</p> <p>During the process of the restraint, Employee #1 and Individual #1 fell to the ground, at which point Employee #1 continued to apply the restraint that did not meet the provider's protocol.</p> <p>Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's finding of a regulatory violation.</p> | <p>PR) 09/05/2025</p> <p>This situation occurred in February 2025 and as such much of the corrective action has already occurred.</p> <p>The following has been done already as part of the corrective action for this event:</p> <p>As part of a normal process within CFHC, staff will be re-trained on restraints. This is done with any staff when a restraint does not go as planned to ensure safety and proper technique. Staff will receive administrative action and will be required to complete TOVA relational and physical training again. Staff involved in the restraint has received a written reprimand which has already been sent into human rights.</p> <p>There is training component in place for all staff to test their skills quarterly with TOVA trainers on campus. This ensures staff are up to date on all restraint techniques and can perform them appropriately.</p> <p>Monitoring will occur through QI/UM department, leadership meetings and group at CFHC, and discussion of restraints at quality improvement meetings within CFHC</p> <p>OHR/OLR) Accepted 09/26/2025</p> | 3/5/2025                  |

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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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 12VAC35-115-175.<br>E. (7b) - Provider complaint resolution policies and procedures shall be in writing and approved by the department prior to implementation. The policies and procedures shall: 7. Detail notification requirements and deadlines including procedures for providing: 7b. Written notification to the individual regarding his right to and the process to appeal the director's decision and action plan to the LHRC; | N           | <p>United Methodist Family Services</p> <p>Provider complaint resolution policies and procedures shall be in writing and approved by the department prior to implementation. The policies and procedures shall: Detail notification requirements and deadlines including procedures for providing: Written notification to the individual regarding his right to and the process to appeal the director's decision and action plan to the LHRC;</p> <p>This regulation was NOT MET as evidenced by:</p> <p>Upon review of CHRIS entry, A-20250009, OHR Advocate requested verification of notification to Individual #1's Legal Guardian regarding their right to and the process to appeal the director's decision. The provider did not include information related to the process to appeal the director's decision.</p> <p>Based on the information from the provider, there is evidence to support a violation of the regulation.</p> | <p>PR) 09/05/2025</p> <p>UMFS utilized a system of calling and talking to the legal guardians about our investigations and the outcome of any investigation. This is deemed to not meet the requirement under human rights regulations.</p> <p>UMFS has create and already sent out letters to legal guardians. The letter utilizes the language provided by human rights via email along with other pertinent details related to the investigation.</p> <p>The procedure for human rights has been updated to show the use of this letter by the investigator at the conclusion of the investigation.</p> <p>This process will be monitored by QI/UM via quality improvement meetings and spot checks of human rights investigative files.</p> <p>OHR/OLR) Accepted 09/26/2025</p> | 8/30/2025                 |

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