

**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: **11-06-2025**

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>
12VAC35-46-250. B. - At the time of hire or residency at the facility, each individual shall submit the results of a tuberculosis screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	United Methodist Family Services This regulation was NOT MET as evidenced by: Review of Employee #1's personnel file included a tuberculosis screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. Upon further review the tuberculosis screening assessment had a completion date of 01.28.2025. Employee #1's hire date is 03.17.2025, thus the screening assessment was older than 30 days.	PR) 11/17/2025 This incident was an unusual circumstance where an employee was offered employment but started significantly later than the offer and acceptance of employment. QI/UM and HR have examined this situation and will follow the below process to ensure compliance ongoing. Requirement: All staff must complete a TB screening before their start date, and results must be dated within 30 days of starting work. Process: Notification: HR informs candidates of the requirement during hiring and in the offer letter. Tracking: HR adds each new hire to the Pre-Hire Tracker and monitors TB compliance. Instructions: HR provides testing instructions and requires documentation before the start date. Verification: HR confirms the TB test was completed before the start date and is no more than 30 days old. Reminders: HR sends reminders 2 weeks and 1 week before the start date; managers are alerted if documentation is missing. Non-Compliance: Individuals may not begin work until valid TB documentation is received; start dates may be delayed. Recordkeeping: Documentation is stored in the employee's confidential file per policy. This will be monitored by QI/UM in conjunction with the Director of HR to ensure compliance with all deadlines and timelines associated with TB testing. This will be monitored monthly. OLR) Accepted 11/18/2025	11/28/2025

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General Comments / Recommendations: The specialist recommends: Please include the following in each citation response: 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). Please respond to the Licensing Report on or before the due date. Please include any relevant documents as attachments for proof of action taken, as applicable.				
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.				
Allison Powers, Licensing Specialist (Signature of Organization Representative) Date				
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				