DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **6676-14-008**
Organization Name: **PURSUE FAMILY SERVICES LLC**

Date of Inspection: **03-12-2026**
Program Type/Facility Name: **14-008 Pursue Family Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Pursue Family Services This regulation was NOT MET as evidenced by: See OHR citation.		4/30/2026

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Program Type/Facility Name: **14-008 Pursue Family Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Pursue Family Services This regulation was NOT MET as evidenced by: Upon review of CHRIS entry, A# 20250001 the provider's investigation included review of provider's policy and video footage which revealed: · Per Provider's Investigation, Employee # 1 held Individual #1's legs down, while engaging in aggressive physical contact that did not align with the provider's approved restraint protocol. Based on the provider's investigative findings, there is a preponderance of evidence to support the provider's finding of a regulatory violation.	PR) 03/19/2026 Root cause-employee did not comply with training provided by provider. Plan of action: -We will continue to train with Tova and may implement Handle with care training as well. We are also in the process of adding more cameras to cover blind spot areas. Training will continue to be monitored, and refresher courses will be offered as needed or requested by staff and or management. We are also implementing one on one as necessary based on client and/or staff. OHR/OLR) Accepted 05/28/2026	4/30/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Pursue Family Services This regulation was NOT MET as evidenced by: Upon review of CHRIS entry, A# 20250001 the provider's investigation included review of provider's policy and video footage which revealed: • Employee # 1 was observed on video footage pulling Individual # 1 from the couch and pushing Individual # 1 during a physical altercation. • Employee #1's "actions observed on video are inconsistent with agency policies, DBHDS regulations, and standards related to abuse prevention, de- escalation, and professional conduct. The conduct placed Individual #1 at risk of physical harm." Based on the provider's investigative findings, there is a preponderance of evidence to support the provider's substantiated finding of abuse and neglect.	PR) 03/19/2026 Root cause-employee did not comply with training provided by provider. Plan of action: -We will continue to train with Tova and may implement Handle with care training as well. We are also in the process of adding more cameras to cover blind spot areas. Training will continue to be monitored, and refresher courses will be offered as needed or requested by staff and or management. We are also implementing one on one as necessary based on client and/or staff. Also, immediate termination happens if staff does not follower policy practices. OHR/OLR) Accepted 05/28/2026	4/30/2026

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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