DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **673-14-008**
Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **07-21-2022**
Program Type/Facility Name: **14-008 Gateway Adolescent Program**

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	Gateway Adolescent Program This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 08/25/2022 No Violation - The rights of Gateway residents were never in question and this citation appears to be an attempt to inflame a simple issue of a late report. OLR) Partially Accepted 09/09/2022 See OHR response below and resubmit. PR) 09/09/2022 Response provided on item below. OLR) Accepted 10/06/2022	7/15/2022
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting	N	Gateway Adolescent Program This regulation was NOT MET as evidenced by: Upon review of the CHRIS entry A-20220010 and A-20220011, the provider failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. The investigative findings were due on 7/8/2022.	PR) 08/25/2022 As per the email sent by DBHDS's the instructions are pasted below with answers. 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 issue, which is a late report to OHR, occurred as a result of heavy workloads in the compliance department of Gateway Homes at that time. Though the investigation was completed on 7/8, it was not uploaded to the CHRIS system timely. This was an oversite on the Compliance Officer's calendar and was a result of having several open investigations at the time. When OHR staff reached out to ask about the results of the report, they were entered immediately. It is difficult for a provider to create	7/15/2022

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application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;			a corrective action plan for a simple scheduling error. Also, it is difficult to identify a plan when the issue of non-compliance for a late report was six weeks ago. It is disappointing that there is no time limits set for OHR's review and/or citations for providers despite providers being under tight deadlines for reports that indicate, consistently, that no human rights violations occur. 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 issue is not a systemic issue. This is a timing and scheduling issue and does not affect the entirety of the organization. 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). Chief Compliance Officer 4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented). The scheduling error was corrected on 7/15/2022. OHR/OLR) Partially Accepted 09/08/2022 OHR Response: Partially Accepted - The provider must describe the steps or actions taken to ensure the prevention of future occurrences.	

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			PR) 09/09/2022 Moving forward, the Chief Compliance Officer will collaborate with the Director of Training and Compliance to ensure timelines for CHRIS reports are being met and share in the assingment of completing CHRIS reports for concluded investigations. OHR/OLR) Accepted 10/06/2022	

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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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