License #: **673-14-009**
Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **10-28-2022**
Program Type/Facility Name: **14-009 Adolescent Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Upon review of Individual #2's record it was revealed that the individual was brought to Patient First for chest pain and blacking out, however, there was no incident reported within CHRIS. It was reported that the school called and reported this incident to the provider, however, the provider picked up the individual and transported the individual for medical attention that was needed.	PR) 12/19/2022 Provider Response 12/19/2022: There appears to be some missing context with regard to this situation. The school contacted Gateway and indicated the individual was not feeling well and upon arrival to transport the individual home, the nurse suggested that the individual's blood pressure be monitored dueto it's elevation on this day. Gateway provided support to the client in accessing primary care on this day to follow up on the somatic concern, which is not reportable in CHRIS. The noted chest pain appears to have been related to anxiety over school related-concerns. Very few individuals arrive at Gateway's adolescent program with established primary care providers that are accessible to the home's location and Gateway worked with Patient First to request this support, which they agreed to provide. Gateway respectfully requests this citation be dismissed. OLR) Partially Accepted 12/20/2022 Request to remove citation was taken into consideration, however, citation remains. The definition of a Serious Incident is "1. Any accident or injury requiring medical attention by a physician; 2. Any illness that requires hospitalization; 3. Any overnight absence from the facility without permission;	10/28/2022

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			4. Any runaway; or 5. Any event that affects, or potentially may affect, the health, safety or welfare of any resident being served by the provider." The provider did not notify the department within 24 hours of the accident or injury requiring medical attention by a physician as required by the department. PR) 01/06/2023 As a result of the partial acceptance, Gateway sought feedback via email and phone but no response was received, and as such, we submit the following additional information, as was submitted via email when requesting consultation. Gateway does not feel this meets the definition as provided because there was not an injury or accident. This was a visit to a primary care physician to address reported chest pain and a high blood pressure while at school. Patient First documented syncope as what the individual was treated for; however, there was not a fall, no injury, and the reason for visit clearly indicates chest pains and high blood pressure on Patient First's documentation. OLR) Accepted 01/06/2023	
12VAC35-46-590. A. - The facility's grounds shall be safe, properly maintained, and free of clutter and rubbish. The	N	Adolescent Residential This regulation was NOT MET as evidenced by:	PR) 12/19/2022 Provider Response 12/19/2022: The rocking chairs on the front porch were	10/28/2022

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grounds include, but are not limited to, all areas where residents, staff, and visitors may reasonably be expected to have access, including roads, pavements, parking lots, open areas, stairways, railings, and potentially hazardous or dangerous areas.		Review of the physical environment revealed that the outside of the home is in need of general cleaning and removal of rubbish and clutter on front porch, broken rocking chairs that are missing an arm each, and in backyard, loose items such and trash.	removed. It was noted the program's consumers removed the arms and staff held a group to discuss the appropriate use of furniture. Replacement chairs will be molded plastic and unable to be disassembled. The general cleaning of the home's exterior is an ongoing effort, as the neighborhood is not attuned to the DBHDS standards for clutter and rubbish. The home is in an area with a shared backyard and debris comes from multiple sources. Gateway has regular cleaning chores and monitoring for the exterior. On the day of visit, other than the observed rocking chairs, staff did not observe other rubbish or clutter that would be a threat to the health and safety of the program. Gateway respectfully requests that citation only list the rocking chairs as we believe the grounds were in compliance. OLR) Partially Accepted 12/20/2022 Request to remove part of the citation was taken into consideration, however, citation remains. Debris and rubbish was on the front porch and in the nonshared backyard to include used face masked, shoes, etc. It is the responsibility of the provider to ensure the licensed location is well maintained, no matter where the location is located. Please identify a clean schedule, physical environment checklist, and/or other identified tools to ensure the indoor and outdoor physical environment is clean and well maintained, also including the frequency of the tool being used, and the position responsible for monitoring.	

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			PR) 01/06/2023 Gateway's existing policies, procedures, and/or protocols include daily cleaning responsibilities and monthly maintenance reviews and there are several forms that are completed for this purpose. This policy is existing and not a new practice due to any citation. Gateway will strive to adhere to the expectations; however, it is not within Gateway's control to ensure the grounds will not have trash or rubbish at all times. This would be highly unrealistic and burdensome on providers. Gateway wishes to reiterate that the grounds did not have any rubbish other than the rocking chairs that were a threat to health and safety at the time of the visit. As per the request, I have uploaded a copy of Gateway's monthly health and safety checklist. The Program Director and Team Leader are responsible for ensuring the home remains compliant with this regulation and have provided staff with additional feedback regarding home maintenance and cleanliness to include exterior trash and items that may be observed on the grounds. OLR) Accepted 01/06/2023	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Review of the physical environment revealed the interior of the building is not properly maintained, clean, and in good working order. Bedroom 1's closet is broken along with the bedside table. Bedroom 2's fan needs to be cleaned as there were significant dust on fan blades. Bedroom 4 has a broken bed in the room. Bedroom 5 has a front screen that is broken. Bathroom A has 2 lightbulbs that are burned out and need to be replaced.	PR) 12/19/2022 Provider Response 12/19/2022: The majority of the physical items noted were not in use and either in a vacant bedroom or vacant bed space and had been shared with maintenance for their removal. All have been repaired and/or removed as of 12/6/2022. The lightbulbs noted in the citation were not burned out; one of the consumers informed staff that he untwists them because he likes dark. Gateway has provided support with this behavior. Gateway has updated it's cleaning schedule and on 10/28/2022 and 10/29/2022, staff were retrained to ensure adherence to the standard. The Program Director is now responsible for completing or delegating a physical environment review weekly to ensure adherence. OLR) Accepted 12/20/2022	12/6/2022
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #2's record is incomplete as the individual's record is missing a summary of Gateway Homes Behavioral Support and Interventions Policies or Adolescent Program referral form, Application for admission has multiple sections that are incomplete or blank. Pages 4-5 of Commonwealth Center for Children and Adolescents Admission Notes are missing and not within record.	PR) 12/19/2022 Provider Response: 12/19/2022 The individual's referral form, CCCAs admission notes, and behavioral supports have now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited.	11/21/2022

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required by the provider.			Additionally, Gateway's protocol is that the admission application is completed by the client, legal guardian, and potentially, support staff providing care at CCCA. Gateway does not edit or add anything to documents signed by others. Anything that is incomplete on the application is compiled and documented on the comprehensive assessment. Gateway respectfully requests that the application blanks noted in the citation be removed as this is in compliance with our Gateway's admission procedures and policy. OLR) Partially Accepted 12/20/2022 Request to remove citation was taken into consideration, however, citation remains. The record has any blank items or documents that are not completed to the fullness either with "None" or "N/A" are considered incomplete. Per DBHDS regulations an individual record must be evaluated for completeness, accuracy, and timeliness of documentation in record. Please submit revisions to policy to ensure reflect that all records will be evaluated for completeness, accuracy, and timeliness along with the frequency that the records are reviewed or evaluated and the position responsible. PR) 01/06/2023 As a result of the partial acceptance, Gateway sought feedback via email and phone but no response was received, and as such, we submit the following additional information, as was submitted via email when requesting consultation.	

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			Gateway's policy for application evaluation and review includes completeness, but does not include making changes to the document, which is why the Comprehensive Assessments follow up on any missing information. Gateway does seek missing information that may be exclusionary criteria to ensure appropriateness of the admission and then request any documentation needed all prior to admission. We utilize a client self-report sheet where information from the interview is recorded and place that next to the applicant screening form in the record. We feel that this is sufficient to meet the standard and is a person-centered approach to ensuring client voice and choice. The regulation language indicates that we evaluate the record and does not require editing of an individual's application for services. OLR) Accepted 01/06/2023	
12VAC35-46-710. B. (7) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 7. Family history and relationships;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1's application for Admission to Adolescent Residential Treatment Program does not include compiled information of family history and relationships.	PR) 12/19/2022 Provider Response 12/19/2022 In Compliance: Gateway's protocol is that the admission application is completed by the client, legal guardian, and potentially, support staff providing care at CCCA. Gateway does not edit or add anything to documents signed by others. Anything that is incomplete on the application is compiled and documented on the comprehensive assessment. Gateway respectfully requests that the application blanks noted in the citation be removed as this is in compliance with our Gateway's admission procedures and policy. OLR) Partially Accepted 12/20/2022	10/28/2022

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			Request to remove citation was taken into consideration, however, citation remains. The placing worker, client, and legal guardian may complete the application, but the facility staff must ensure that the information is complete and descriptive enough to make an admissions decision and to develop a service plan and a behavior support plan. The record may not have blank items or documents that are not completed to the fullness. Use of "None" or "N/A" should be used. Per DBHDS regulations an individual record must be evaluated for completeness, accuracy, and timeliness of documentation in record. Please submit revisions to policy to ensure reflect that all records will be evaluated for completeness, accuracy, and timeliness along with the frequency that the records are reviewed or evaluated and the position responsible. PR) 01/06/2023 As a result of the partial acceptance, Gateway sought feedback via email and phone but no response was received, and as such, we submit the following additional information, as was submitted via email when requesting consultation. Gateway's policy for application evaluation and review includes completeness, but does not include making changes to the document, which is why the Comprehensive Assessments follow up on any missing information. Gateway does seek missing information that may be	

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			exclusionary criteria to ensure appropriateness of the admission and then request any documentation needed all prior to admission. We utilize a client self-report sheet where information from the interview is recorded and place that next to the applicant screening form in the record. We feel that this is sufficient to meet the standard and is a person-centered approach to ensuring client voice and choice. The regulation language indicates that we evaluate the record and does not require editing of an individual's application for services. OLR) Accepted 01/06/2023	
12VAC35-46-710. B. (8) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 8. Social and development history;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1's application for Admission to Adolescent Residential Treatment Program does not include compiled information of social and development history.	PR) 12/19/2022 Provider Response 12/19/2022 In Compliance: Gateway's protocol is that the admission application is completed by the client, legal guardian, and potentially, support staff providing care at CCCA. Gateway does not edit or add anything to documents signed by others. Anything that is incomplete on the application is compiled and documented on the comprehensive assessment. Gateway respectfully requests that the application blanks noted in the citation be removed as this is in compliance with our Gateway's admission procedures and policy. OLR) Partially Accepted 12/20/2022 Request to remove citation was taken into consideration, however, citation remains. The placing worker, client, and legal guardian may complete the application, but the facility staff must ensure that the information is complete and	10/28/2022

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			descriptive enough to make an admissions decision and to develop a service plan and a behavior support plan. The record may not have blank items or documents that are not completed to the fullness. Use of "None" or "N/A" should be used. Per DBHDS regulations an individual record must be evaluated for completeness, accuracy, and timeliness of documentation in record. Please submit revisions to policy to ensure reflect that all records will be evaluated for completeness, accuracy, and timeliness along with the frequency that the records are reviewed or evaluated and the position responsible. PR) 01/06/2023 As a result of the partial acceptance, Gateway sought feedback via email and phone but no response was received, and as such, we submit the following additional information, as was submitted via email when requesting consultation. Gateway's policy for application evaluation and review includes completeness, but does not include making changes to the document, which is why the Comprehensive Assessments follow up on any missing information. Gateway does seek missing information that may be exclusionary criteria to ensure appropriateness of the admission and then request any documentation needed all prior to admission. We utilize a client self-report sheet where information from the interview is recorded and place that next to the applicant screening form in the record. We feel that this is sufficient to meet the standard	

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			and is a person-centered approach to ensuring client voice and choice. The regulation language indicates that we evaluate the record and does not require editing of an individual's application for services. OLR) Accepted 01/06/2023	
12VAC35-46-750. H. (2) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate, and legal guardian;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's ISPs and quarterly reviews do not have documentation of involvement of legal guardian.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidenceof involvement has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. I. - The initial individualized service plan, each update, and all quarterly progress reports shall be distributed to the resident; the resident's family, if appropriate, legal guardian, or authorized representative; the placing agency; and appropriate facility staff.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not have documentation that the ISP or quarterly has been distributed to the legal guardian.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidence of distribution has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022
12VAC35-46-810. B. (1) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 1. Name, address, and telephone number of the physician and dentist to be notified;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022

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12VAC35-46-810. B. (2) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 2. Name, address, and telephone number of a relative or other person to be notified;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022
12VAC35-46-810. B. (3) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 3. Medical insurance company name and policy number or Medicaid number;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022

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12VAC35-46-810. B. (4a) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4a. Use of medication;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022
12VAC35-46-810. B. (4b) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4b. All allergies, including medication allergies;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022

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12VAC35-46-810. B. (4c) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4c. Substance abuse and use;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022
12VAC35-46-810. B. (4d) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 4. Information concerning: 4d. Significant past and present medical problems;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022

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12VAC35-46-810. B. (5) - The following written information concerning each resident shall be readily accessible to staff who may have to respond to a medical or dental emergency: 5. Written permission for emergency medical care, dental care, and obtaining immunizations or a procedure and contacts for obtaining consent.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include readily accessible information for emergency medical or dental.	PR) 12/19/2022 Provider Response12/19/2022: Upon speaking with the program director, the crisis binder may not have been provided to licensing while present. The program director believed the binder was offered; however, perhaps this was not the experience of the Office of Licensing. The crisis binder was reviewed the day prior to licensing's visit with the Chief Compliance Officer and Program Director and all documentation was present and complete. Program Director and support staff have received additional training to ensure they provide the binder upon request. OLR) Accepted 12/20/2022	11/21/2022
12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records do not include documentation that the individual was assessed for tuberculosis within 7 days of placement.	PR) 12/19/2022 Provider Response: 12/19/2022 The tuberculosis screenings have now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022

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12VAC35-46-840. E. (1a) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1a. Immunizations administered at the time of the exam;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records does not include documentation that the physical examination includes immunizations administered at the time of the exam.	PR) 12/19/2022 Provider Response 12/19/2022: Gateway engaged Patient First prior to initiating care at this site to ensure the physical's provided would reflect all of the licensing required documentation. At a later time, Gateway began using an internal nurse practitioner for the admission physical and it appears the physical documentation standards were not effectively communicated to the new provider. Gateway has scheduled meetings with the provider, the staff, and the quality assurance department to ensure the effecitve transition between program leadership and providers to ensure standards are met consistently. The Chief Compliance Officer is responsible for these meetings and quality assurance will be monitoring ongoing adherence to the practice. OLR) Accepted 12/20/2022	1/15/2023

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12VAC35-46-840. E. (1b) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1b. Vision exam;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records does not include documentation that the physical examination includes vision exam.	PR) 12/19/2022 Provider Response 12/19/2022: Gateway engaged Patient First prior to initiating care at this site to ensure the physical's provided would reflect all of the licensing required documentation. At a later time, Gateway began using an internal nurse practitioner for the admission physical and it appears the physical documentation standards were not effectively communicated to the new provider. Gateway has scheduled meetings with the provider, the staff, and the quality assurance department to ensure the effecitve transition between program leadership and providers to ensure standards are met consistently. The Chief Compliance Officer is responsible for these meetings and quality assurance will be monitoring ongoing adherence to the practice. OLR) Accepted 12/20/2022	1/15/2023

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Program Type/Facility Name: **14-009 Adolescent Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1c) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1c. Hearing exam;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records does not include documentation that the physical examination includes hearing exam.	PR) 12/19/2022 Provider Response 12/19/2022: Gateway engaged Patient First prior to initiating care at this site to ensure the physical's provided would reflect all of the licensing required documentation. At a later time, Gateway began using an internal nurse practitioner for the admission physical and it appears the physical documentation standards were not effectively communicated to the new provider. Gateway has scheduled meetings with the provider, the staff, and the quality assurance department to ensure the effecitve transition between program leadership and providers to ensure standards are met consistently. The Chief Compliance Officer is responsible for these meetings and quality assurance will be monitoring ongoing adherence to the practice. OLR) Accepted 12/20/2022	1/15/2023

License #: **673-14-009**
Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **10-28-2022**
Program Type/Facility Name: **14-009 Adolescent Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. E. (1f) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1f. Nutritional requirements, including special diets, if any;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's records does not include documentation that the physical examination includes nutritional requirements, including special diets.	PR) 12/19/2022 Provider Response 12/19/2022: Gateway engaged Patient First prior to initiating care at this site to ensure the physical's provided would reflect all of the licensing required documentation. At a later time, Gateway began using an internal nurse practitioner for the admission physical and it appears the physical documentation standards were not effectively communicated to the new provider. Gateway has scheduled meetings with the provider, the staff, and the quality assurance department to ensure the effecitve transition between program leadership and providers to ensure standards are met consistently. The Chief Compliance Officer is responsible for these meetings and quality assurance will be monitoring ongoing adherence to the practice. OLR) Accepted 12/20/2022	1/15/2023

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Date of Inspection: **10-28-2022**
Program Type/Facility Name: **14-009 Adolescent Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (2) - Individualized behavior support plans shall be developed in consultation with the: 2. Legal guardian;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's behavior support plans do not include documentation that it was developed with consultation of legal guardian.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidence of consultation has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022
12VAC35-46-900. B. (4) - Individualized behavior support plans shall be developed in consultation with the: 4. Program director;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's behavior support plans do not include documentation that it was developed with consultation of the program director.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidence of program director consultation has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022

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Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **10-28-2022**
Program Type/Facility Name: **14-009 Adolescent Residential**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. B. (5) - Individualized behavior support plans shall be developed in consultation with the: 5. Placing agency staff;	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #1 and #2's behavior support plans do not include documentation that it was developed with consultation of the placing agency staff.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidence of CCCA consultation has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022
12VAC35-46-970. D. - When a child with a disability has been placed in a residential facility, the facility shall contact the division superintendent of the resident's home locality. Documentation of the contact with the resident's home school shall be kept in the resident's record.	N	Adolescent Residential This regulation was NOT MET as evidenced by: Individual #2's application for admission identifies that the individual has an IEP, however, the facility has not made contact with the division superintendent of the resident's home locality. Documentation of the contact with the resident's home school shall be kept in the resident's record.	PR) 12/19/2022 Provider Response: 12/19/2022 The evidence of contact has now been added to the record. A previous program director appears to have not updated these items prior to their departure. Gateway's IT department was able to allow the Chief Compliance Officer access to the previous program director's documents and they were then added to the record. Quality Assurance had identified this concern in a recent chart audit and requested the review be escalated, which was in process when licensing visited. OLR) Accepted 12/20/2022	10/28/2022

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:
It is recommended to have staff perform the application for admission to elaborate on the detail of information and to ensure that all questions are answered appropriately.
It is recommended to update face sheet to incorporate religious preference on face sheet, have more robust progress in quarterly reviews of the ISP, time frame for the objectives be in line with an appropriate amount of achievable time, and updated Safety plan and Behavior plan quarterly as needed.
It is recommended to add consents to medical form to take to any medical appointment.

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.

Nicole DeStefano	(Signature of Organization Representative)	Date

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