DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-20-2024**
Program Type/Facility Name: **14-009 Park Branch**

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	Park Branch This regulation was NOT MET as evidenced by: See OHR citation.		

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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	Park Branch This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated neglect based on the following: • Upon review of CHRIS entry A-20240014, the provider's investigation determined Neglect was substantiated based on witness statements and Employee #1's admission. ◦ Employee #1 elected to leave the facility without supervisory approval thus reducing the staffing level. Had Employee #1 not left, there would have been greater staff response to address situation. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 10/15/2024 Upon internal notification of the incident, Gateway immediately intervened and placed the employee on administrative leave for the duration of the investigation. At the conclusion of the investigation, it was determined that the staff person responsible for the violation would be terminated from Gateway's employment due to not adhering to polices, procedures, and supervisor instruction. To prevent future reoccurrence, the staff who was on site during the incident was advised of the importance of seeking out leadership when absences are observed, as these are issues that could lead to potentially unsafe incidents. The staff person was released at the end of the investigation and documentation was reviewed by Office of Human Rights staff at an in person meeting to discuss the investigation at Park Branch on 9/24/2024. Additionally, the individual agreed verbally that their decision was their own and not reflective of Gateway's policies, procedures, training, or otherwise a reflection of Gateway's culture. OHR/OLR) Accepted 10/15/2024	8/21/2024

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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