DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (1) - Required initial training: 1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.	N	Park Branch This regulation was NOT MET as evidenced by: Upon review of the provider's employee records, Employee #1 was not trained on Behavior management within 7 days of hire as the employee was hired on 1/9/2023 and did not receive training until 1/24/2023. In addition, Employee #2 was not trained on Behavior management within 7 days of hire as the employee was hired on 07/05/2024 and did not receive training until 08/29/2024.	PR) 12/16/2024 Upon reviewing the citation and the circumstances that led to the citation, it appears that due to turnover in the Human Resources department and turnover with the leadership of the Adolescent Programs, there was a lack of clear understanding regarding the timeline for required behavioral management training. As a result of this error, the Chief Ethics and Compliance Officer held a training session with the Human Resources Department and included the Director and Team Leaders of the adolescent program to ensure clear understandings of the requirements for employee charts. This training included the content required, the timelines for completion of those trainings, and the tracking of these responsibilities. Additionally, the Chief Ethics and Compliance Officer met with the Director of Quality Assurance and Clinical Education to problem solved ensuring available behavioral management training and have agreed that at the conclusion of each orientation session, Gateway will have one of the behavior management facilitators to train any adolescent staff to ensure their completion of the training in the identified timeline. It was also agreed that the timelines for completion of training, where applicable, will be added to the leadership training provided for any new Team Leader and/or Director. The Director of Human Resources will be responsible for overseeing and ensuring compliance with the regulation and associated policies as they pertain to employee scheduling and charting. The Program Director and Team	12/16/2024

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Leaders of the adolescent policy will be responsible for ensuring the clear communication of the required timelines during any interviews that occur prior to hire to ensure the applicants understandings regarding timely completion of training. The Director of Quality Assurance and Clinical Education is responsible for ensuring available behavior modification training at the conclusion of each orientation session and for updating the content in the leadership training. OLR) Accepted 12/26/2024	
12VAC35-46-310. C. - Each full-time staff person who works with residents shall complete an additional 15 hours of annual training applicable to their job duties.	N	Park Branch This regulation was NOT MET as evidenced by: Upon review of the provider's employee records, employee #1's personnel record does not show proof of completing 15 hours of training annually.	PR) 12/16/2024 Upon reviewing the citation and the circumstances that led to the citation, it appears that due to turnover in the Human Resources department and turnover with the leadership of the Adolescent Programs, there was a lack of clear understanding regarding the expectation for ongoing training. As a result of this error, the Chief Ethics and Compliance Officer held a training session with the Human Resources Department and included the Director and Team Leaders of the adolescent program to ensure clear understandings of the requirements for employee charts. This training included the content required, the timelines for completion of those trainings, and the tracking of these responsibilities. Additionally, the Chief Ethics and Compliance Officer met with the Director of Quality Assurance and Clinical Education to problem solve ensuring attendance of the available continuing education courses. Because Gateway offers over 50 continuing education hours annually and sends out these notifications	12/16/2024

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			monthly, it appears there are sufficient options for continuing education; however, it will be important for the leadership of the adolescent programs to ensure the staff are meeting the requirement of 15 documented hours per year. It was also agreed that the timelines for completion of training, where applicable, will be added to the leadership training provided for any new Team Leader and/or Director. The Director of Human Resources will be responsible for overseeing and ensuring compliance with the regulation and associated policies as they pertain to employee scheduling and charting. The Program Director and Team Leaders of the adolescent program will be responsible for ensuring the clear communication of the required continuing education during any interviews, staff meetings, and individual staff engagement, that occur prior to or after hire to ensure the applicants/staff understand their ongoing training requirement. The Director of Quality Assurance and Clinical Education is responsible for updating the content in the leadership training. OLR) Accepted 12/26/2024	
12VAC35-46-790. - Therapy shall be provided by an individual (i) appropriately licensed by the Department of Health Professions to provide mental health therapy or counseling; or (ii) who is eligible for licensure and working under the supervision	N	Park Branch This regulation was NOT MET as evidenced by: Upon review of the provider's individual records, Individual #1's record did not show proof of being provided therapy.	PR) 12/16/2024 Upon reviewing the citation and the circumstances that led to the citation, it appears that the individual's treatment plan was too vague in addressing this need. While it indicated that support would be provided to participate in outpatient mental health care and includes therapy in the interventions, the review of the individual's adherence does not specifically state monthly encouragement to attend therapy and the individual's response. It has been an ongoing	12/16/2024

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
of a licensed therapist unless exempted from these requirements under the Code of Virginia.			discussion with this individual; however, it was not documented appropriately. The adolescent clinical writer, who is responsible for maintaining the plan, will ensure that during monthly reviews, the individual is again offered the service and given basic information regarding the potential benefits of therapy, and their response to the offer. Ongoing documentation of this will be in the monthly treatment plan reviews. As a result of the finding, the leadership team for the adolescent programs will attend retraining with the Chief Ethics and Compliance Officer regarding treatment planning requirements and ongoing documentation of expected services. Additionally, the Chief Ethics and Compliance Officer met with the Director of Quality Assurance and Clinical Education to discuss the addition of these expectations to the leadership training provided for any new Team Leader and/or Director. Additional training updates will be made, if needed, to the person centered planning training provided by the Quality Assurance team. The Program Director and Team Leaders of the adolescent policy will be responsible for ensuring adherence to treatment planning requirements and the clinical reviewer will be responsible for ensuring adherence. The Director of Quality Assurance and Clinical Education is responsible for updating the content in the leadership training. OLR) Accepted 12/26/2024	

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. J. - The provider shall develop and implement written policies and procedures for documenting medication errors, reviewing medication errors and reactions and making any necessary improvements, the disposal of medication, the storage of controlled substances, and the distribution of medication off campus. The policy and procedures must be approved by a health care professional. The provider shall keep documentation of this approval.	N	Park Branch This regulation was NOT MET as evidenced by: Upon review of the provider's medications, Individual #2 had 3 medications (medication #1, Medication and Medication #3) that were discharged but not disposed of according to the provider's policy. The provider's policy states " The nurse or staff member assigned by the program director or designees, shall promptly dispose of discontinued drugs and drug containers with worn, illegible or missing labels. 1. Medication in sealed bubble packs will be returned to the pharmacy. 2. Medication in bottles will be placed in a secured area away from other medications and not accessible to the program participants and the Program Director will be notified of the need to dispose of the medication. 3. Gateway Homes' medical director shall review and approve medication disposal processes.	PR) 12/16/2024 Upon reviewing the citation and the circumstances that led to the citation, it appears that Gateway's Quality Assurance Team identified this as a need in October, 2024 during a routine monthly audit. It is unclear where the disconnect occurred for the medications not to be either destroyed and/or returned to the pharmacy; however, Gateway is committed to ensuring that this error does not persist. As a result of the finding, the leadership team for the adolescent programs will attend retraining with the Chief Ethics and Compliance Officer regarding ensuring adherence to medication policies, and adherence to task completion upon the receipt of a monthly Quality Assurance inspection. Additionally, the Chief Ethics and Compliance Officer met with the Director of Quality Assurance and Clinical Education to discuss the addition of these policies to the leadership training provided for any new Team Leader and/or Director. The Program Director and Team Leaders of the adolescent policy will be responsible for ensuring adherence to medication policies and responding to quality assurance audits. The Director of Quality Assurance and Clinical Education is responsible for updating the content in the leadership training. OLR) Accepted 12/26/2024	12/16/2024

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

Date of Inspection: **12-10-2024**
Program Type/Facility Name: **14-009 Park Branch**

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

General Comments / Recommendations:
LS recommends the provider dispose of medication by the stated policy.

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.

Taylor Boyce, Licensing Specialist	(Signature of Organization Representative)	Date

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