DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **673-14-010**
Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **02-25-2026**
Program Type/Facility Name: **14-010 Sandalwood Court**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	**HEALTH AND SAFETY VIOLATION** Sandalwood Court This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's records found that the physician's orders for Medication #1 indicated 1 tab to be given daily. The bubble pack which was being dispensed contained 4 tabs in each daily bubble. Upon review, it was discovered that the dosage had changed from 4 tabs to 1 tab and that the new medication pack with 1 tab had not yet been opened. Provider failed to ensure that Individual #1 had their medication as prescribed by a person authorized by law administered as prescribed. Please submit a detailed plan to ensure that future individuals have their medications as prescribed by a person authorized by law administered as prescribed.	PR) 04/15/2026 The Program Director immediately corrected the medication bubble pack to reflect the updated physician's order (1 tablet daily) and implemented the new order for administration. The outdated medication (4-tablet dosage) was removed, and the remaining medications were properly disposed of. All direct care staff were immediately notified, via email, of the medication change and instructed to follow the updated physician's order. On 02/25/2026, the Program Director issued a corrective action to the staff member for failing to follow the protocol of notifying leadership of medication delivery. The staff member also received retraining on protocols on medication updates to include reporting and documentation requirements. The site leadership and Quality Assurance Coordinator have and will continue to conduct routine site audits to ensure compliance with medication administration requirements. OLR) Accepted 04/27/2026	4/10/2026

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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.

Lauren Faszewski, Licensing Specialist	(Signature of Organization Representative)	Date

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