DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **3**
License #: **673-14-012**
Organization Name: **Gateway Homes, Inc.**

Date of Inspection: **06-23-2026**
Program Type/Facility Name: **14-012 Summer Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. G. (6) - A medication administration record shall be maintained of all medicines received by each resident and shall include: 6. Identity of the individual who administered the medication;	N	Summer Drive This regulation was NOT MET as evidenced by: During the investigative review, it was determined that staff failed to document the identity of the individual who administered the medication, or if medications were administered. The following medication errors were found: • Medication #1—administer one tablet by mouth three times a day for fourteen days—Prescribed April 1, 2026—Medication was not documented to be administered on April 5, 2026 for the times of 3:00pm and 8:00pm. • Medication #2—administer one tablet by mouth two times a day—Prescribed February 12, 2026 and discontinued April 14, 2026—Medication not documented to be administered April 5, 2026 at 8pm, April 6, 2026 at 8pm. • Medication #3—administer one and half tablet (1.5MG) by mouth every evening before dinner—Medication was not documented to be administered on April 5, 2026 and April 6, 2026 at 6:00pm. • Medication #4—administer one tablet by mouth two times a day before meals times 3 days—Discharged on April 6, 2026—Individual #1 was not administered medication on April 5, 2026 at 5:00pm. • Medication #5—administer 1 application topical 2 times a day—Medication not administered April 5, 2026 and April 6, 2026 at 8:00pm. Based on the medication review, Individual #1 was not documented to have received the medications during the above dates and time. Submit a systematic process to ensure that all medications are administered as prescribed and documented to be	PR) 07/27/2026 The Program Director will provide immediate retraining to all site staff regarding medication administration procedures, including but not limited to: • administer medication exactly as prescribed, • document administration immediately after administration, and • accurately document and promptly report refusals or unavailability. Additionally, all site staff will receive retraining on protocols for promptly notifying the appropriate supervisor in the event medication is unavailable to ensure communication with the pharmacy for retrieving and securing prescribed medications. Effective July 27th, 2026, the Program Director and Quality Assurance Coordinator will conduct enhanced monitoring of MARs to verify that medications are administered as prescribed, documentation is completed accurately and promptly, staff signatures/initials are present for each administration, and implement corrective actions promptly when discrepancies are identified. The Program Director and Quality Assurance Coordinator will review audit results on a weekly basis to evaluate compliance with medication administration requirements and the effectiveness of the corrective actions implemented. The frequency of ongoing monitoring will be adjusted based on demonstrated and sustained compliance to ensure continued adherence to DBHDS medication administration regulations and to promote the health, safety, and welfare of all	7/29/2026

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		administered as prescribed. Identify who (role) will be responsible for auditing medication administration records to ensure administration occurs and documented as required.	individuals served. OLR) Accepted 08/02/2026	

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.

Amanda Whorley, Investigator	(Signature of Organization Representative)	Date

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