DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **758-14-009**
Organization Name: **NDUTIME Youth and Family Services, Inc.**

Date of Inspection: **04-01-2025**
Program Type/Facility Name: **14-009 Joshua House I-5803**

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	Joshua House I-5803 This regulation was NOT MET as evidenced by: At the time of the inspection, a review of the serious incidents found that an incident occured with Individual #1 on 11/10/24 during which he eloped and was returned by law enforcement. However, this incident was not entered into CHRIS. Provider failed to ensure that the department was notified within 24 hors of any serious illness or injury, any death of a resident, and all other situations required by the department. Please submit a detailed plan to ensure that the department is notified within 24 hors of any serious illness or injury, any death of a resident, and all other situations required by the department.	PR) 04/25/2025 Although Provider did send information to locality and this was an extenuating circumstance, Provider will follow agency policy and ensure if a resident elopes that a CHRIS report is submitted within 24 hours and notifications are properly made along with follow-ups as needed. Program Directors have completed DBHDS CHRIS Reporting training 3/20/25 and Investigations Training 3/27/25. OLR) Accepted 06/17/2025	4/25/2025
12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.	N	Joshua House I-5803 This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1 and Individual #2's records found that there were no physician's orders authorizing the prescription of the medications, only psychiatric consultation notes communicating visits to the psychiatrist. Provider failed to ensure that a program of medication, including over-the-counter medication, was initiated for	PR) 04/25/2025 Disputing this citation and requesting its removal due to Psychiatric Consultations being completed by the medical professional with current medications and changes being listed. OLR) Not Accepted 06/17/2025Citation Upheld. Please respond to Corrective Action Plan. PR) 06/24/2025 Provider utilizes Psychiatric, Medical, and Dental Consultations to gather information from client	9/12/2025

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		Individual #1 and Individual #2 only when prescribed in writing by a person authorized by law to prescribe medication. Please submit a detailed plan to ensure that future individuals have programs of medication initiated only when prescribed in writing by a person authorized by law to prescribe medication.	appointment to include current medication(s) and changes in medication (if applicable), which are the orders from the medical professional. Prescriptions are sent electronically from the medical professional's office directly to the pharmacy. Program Director will ensure the accuracy of information denoted on forms and request updated documentation from medical professionals if needed. Some medical professionals provide Discharge Summaries that includes medication(s) and any changes to medication(s). Agency policy and procedures will continue to be followed. OLR) Not Accepted 07/07/2025In order to achieve compliance, any program of prescribed or over-the-counter medication must be distributed with a physician's order. Please submit a detailed plan to ensure that future individuals have programs of medication initiated only when prescribed in writing, through the authorization of a physician's order, by a person authorized by law to prescribe medication. PR) 07/16/2025 Provider utilizes Psychiatric, Medical, and Dental Consultations to gather information from client appointment to include current medication(s) and changes in medication (if applicable), which are the orders from the medical professional. Prescriptions are sent electronically from the medical professional's office directly to the pharmacy. Program Director will ensure the accuracy of information denoted on forms and request updated documentation from medical professionals if needed. Provider will ensure in writing and retain a printout (physician orders) by authorized medical professionals by law to prescribe medication.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			OLR) Not Accepted 08/15/2025Per the medication administration curriculum under OIH guidelines, medication administrators must have a copy of the physician's orders with the most recent order transcribed to the medication administration record in order to compare with the label on the medications. The physician's orders, medication administration record, and the labels on the medications must match before medication administration can be completed. Please submit a detailed plan to ensure that future individuals have programs of medication initiated only when prescribed in writing, through the authorization of a physicians order, by a person authorized by law to prescribe medication. PR) 08/26/2025 Provider's previous response to this citation has been erased by someone that is not the Provider. Provider will ensure the Medical and/or Psychiatric Consultation which records current medications and changes to medications be filled out in its entirety. Prescriptions are electronically sent to the Pharmacy by the authorizing medical professional. Provider/Program Director will ensure a printout of medications is received and filed in the Resident's service record when changes are made. OLR) Not Accepted 10/01/2025Per the medication administration curriculum under the OIH guidelines, medication administrators must have a copy of the physician's orders with the most recent order transcribed to the medication administration record in order to compare with the label on the medications. The physician's	

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			orders, medication administration record, and the labels on the medication must match before medication can be administered. Please submit a detailed plan on how the provider will maintain the physician's orders in the individual's record in order to meet the OIH guidelines and to ensure that future individuals have programs of medication only when prescribed in writing by a person authorized by law to prescribe medication. PR) 10/05/2025 Although Provider utilizes Psychiatric, Medical, and Dental Consultations to gather information from client appointment to include current medication(s) and changes in medication (if applicable), which are the orders from the medical professional, Provider will ensure in writing and retain the Physician Orders by authorized medical professionals by law to prescribe medication. Additionally, Provider will transcribed most recent Order(s) to the medication administration record in order to compare with the label on the medications. The physician's orders, medication administration record, and the labels on the medications will match prior to medication administration. OLR) Accepted 10/29/2025	

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12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Joshua House I-5803 This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1 and Individual #2's records found multiple discrepancies with medication documentation. Medication #5 was indicated on the MAR as a scheduled medication, but was not given at all during the month of March. Staff indicated that the medication was meant to be a PRN, but there is no corresponding physician's order. Medication #4 was circled for 3/17/25 - 3/24/15 indicating doses were not given, but only 3/21/25 and 3/22/25 had signed notes confirming that the doses were not given and the reason why. Medication #2 was circled for 3/1/25 - 3/4/25 indicating doses were not given, but only 3/1/25 and 3/4/25 had signed notes confirming that the doses were not given and the reason why. Medication #3's instructions and dosage on the bubble pack did not match the administration medication record. Provider failed to ensure that Individual #1 and Individual #2's medications were administered as prescribed. Please submit a detailed plan to ensure that for future individuals' all medication prescribed by a person authorized by law is administered as prescribed.	PR) 04/25/2025 Disputing this citation and requesting its removal due to the medication in reference being issued prior to client being admitted into our program and listed on Admission Medication List and former placement medical documentation. OLR) Not Accepted 06/17/2025Citation Upheld. Please respond to Corrective Action Plan. PR) 06/24/2025 On 4/23/25, Staff was retrained on properly documenting and administering medication. Staff reviewed agency policy and procedures as well Staff completed a mock MAR to ensure a check/re-check is completed and medication information is accurately transferred to the MAR. Overnight Staff will check MAR nightly to ensure proper documentation and notify Program Director of any issues. Agency policy and procedures will continue to be followed with ongoing training and random medication audits on a continuous basis. OLR) Accepted 07/07/2025	4/25/2025

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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