DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **1**
License #: **769-14-008**
Organization Name: **Dominion Services for all People, LLC**

Date of Inspection: **04-13-2019**
Program Type/Facility Name: **14-008 DSFAP-First Step**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. A. - Any serious incident reported w/in 24 hours to placing agency and guardian	NS	DSFAP-First Step A. Any serious incident, accident, or injury to the resident; any overnight absence from the facility without permission; any runaway; and any other unexplained absence shall be reported within 24 hours (i) to the placing agency; (ii) to either the parent or legal guardian, or both as appropriate; and (iii) noted in the resident's record. This regulation was NOT MET and found to be in systemic non compliance. Provider was previously cited for this violation on 4/13/15. Employee #2 provided internal incident reports detailing overnight AWOLs that occurred on 3/15/19 and 3/23/19. The CHRIS system entries were reviewed and there was no evidence of the AWOLs reported. The DELTA support help desk was consulted and indicated that Employee #3 is the only registered employee of the agency that is able to enter incidents in the CHRIS system.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-230. A. - Make available reports and information	NS	DSFAP-First Step A. The provider shall submit or make available to the department such reports and information as the department may require to establish compliance with these regulations and other applicable regulations and statutes. This regulation was NOT MET and found to be in systemic non-compliance. The citation had been previously issued on 5/9/2017. Office of Licensing and Office of Human Rights staff were on site at the agency on 4/10/19 and 4/11/19 to conduct a complaint investigation. Client records were not made available for review. On 4/11/19, a staff member entered the administrative office with a garbage bag and removed all personnel records from the premises. An interview with Employee #2 and emails submitted to the Office of Licensing on 4/10/19 and 4/11/19 indicated that Employee #3 has sent emails and had telephone conversations with employees directing actions that would deter a review of the requested files and documents.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	
12VAC35-46-280. A. - Job description	NS	DSFAP-First Step A. There shall be a written job description for each position. This regulation was NOT MET as evidenced by review of personnel files for the group home service. Employees #1, 4, 6, 7, 8, and 9 did not have a job description for the group home service. Employee #8 did not have a personnel record.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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12VAC35-46-300. B. (7) - Compliance with background check	NS	DSFAP-First Step 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations. This regulation was NOT MET and found to be in systemic non-compliance. The provider was previously cited for this violation on 8/26/16. In review of employee's background checks folder, the following was found: Employee #4 had a documented date of hire in 2016. The letter in the file from the Office of Background Investigation-CBU dated 10/6/16 indicated that the employee was NOT ELIGIBLE for employment. Staffing schedules dating back to 2016 were reviewed and employee has been assigned to the group home since being employed at the agency. Employee #5's file was reviewed and there was no evidence that an application for a Central Registry check had been submitted. There were no criminal background checks results in the file. Employee had a documented date of hire in February 2019. Employee #6's file was reviewed and there was no evidence that an application for a Central Registry check had been submitted. There were no criminal background checks results in the file. Employee had a documented date of hire in October 2012. Employee #8- There was no evidence of a personnel record or background checks having been completed for this individual. Interviews with two staff members concluded that this individual resides in the same area as the group home and reports to the group home at various times to administer medications.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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12VAC35-46-310. A. (1) - Orientation within 7 days-behavioral interventions	N	DSFAP-First Step 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. This regulation was NOT MET as evidenced by review of personnel records. Employee #5- The orientation training form in the employee record was blank and there was no evidence that this employee had received orientation training Employee #8- There was no personnel record for this individual. The individual was observed as being on the staff schedule to administer medication. There was no evidence that this individual had received orientation training. (copy of form was provided)	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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12VAC35-46-310. A. (4) - Within 30 days-CPR/First aid	N	DSFAP-First Step 4. Within 30 days following their begin date, all staff working with residents shall be enrolled in a standard first aid class and in a cardiopulmonary resuscitation class facilitated by the American Red Cross or other recognized authority, unless the individual is currently certified in first aid and cardiopulmonary resuscitation. This regulation was NOT MET as evidenced by review of the personnel records as follows: Employee #4- There was no evidence that employee was currently certified in First Aid and CPR. Employee #6- The First Aid/CPR certification in the record was deemed to be not acceptable as the certification was obtained from an unapproved on line training website. Employee #8- There was no personnel record for this employee to include no evidence of First Aid/CPR training.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	
12VAC35-46-310. A. (8) - Staff responsible for med administration complete training program	NS	DSFAP-First Step 8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications. This regulation was NOT MET and found to be in systemic non-compliance as the deficiency was noted throughout multiple employee files. Employees #1, 4,5,6,7,8 and 9- There was no evidence that these employees completed a medication training program approved by the Board of Nursing.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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12VAC35-46-440. B. - Adequate lighting	N	DSFAP-First Step B. All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed. This regulation was NOT MET as evidenced by the findings of the environmental plant review of the group home conducted on 4/10/19. The light on the ceiling fan in the living room and in the stairwell were found to be inoperable.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	
12VAC35-46-540. B. - Adequate kitchen facilities	N	DSFAP-First Step B. Adequate kitchen facilities and equipment shall be provided for preparation and serving of meals. This regulation was NOT MET as evidenced by an environmental plant review of the kitchen, appliances, pots, pans and baking sheets. The oven was inspected and was deemed to be inoperable. Pots and pans were observed to be bent, scratched and burnt; not in acceptable condition. There was an inadequate number of pots and pans of various sizes based on the capacity of the home.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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12VAC35-46-590. B. - Buildings safe, maintained, clean, working order	NS	DSFAP-First Step B. The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings. This regulation was NOT MET and found to be in systemic non-compliance. Provider was previously cited for this violation on 3/31/15, 5/24/16, 8/26/16, 5/9/17 and 5/7/18. 1. The resident bedroom that had 3 residents was found to have a broken bed frame with an exposed 2 inch nail. On 4/10/19, the Office of Licensing indicated that this was a safety hazard and instructed provider to immediately take action. The Office of Licensing returned for a follow up inspection on 4/11/19 and the broken bedframe with the exposed nail had not been addressed by provider. 2. The bathroom associated with the 3 resident bedroom had 2 exposed light sockets and 2 light bulbs that were inoperable.	PR) 11/01/2023 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	
12VAC35-46-70. - Compliance with human rights regulations	NS	DSFAP-First Step The regulation was NOT MET as evidenced by the following: 1. 12VAC35-115-230. Provider requirements for reporting. A.1. “Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation, and the director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).”. This regulation was not met. The provider was unable to provide up-to-date human rights policies and procedures referencing a process for collecting, maintaining and reporting allegations of abuse and neglect; per an interview with Employee 1 on 4/10/19,	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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		there was not clear evidence of an understanding of abuse, neglect, and exploitation. And, due to the provider's staff records not being made available by the provider for review, it is unclear if staff have received annual competency-based training on human rights processes. 2. 12VAC35-115-50. Dignity. D.2. D. "Providers shall develop, carry out, and regularly monitor policies and procedures that assure the protection of each individual's rights." This regulation was not met. At the time of the site visit on 4/10/19, the provider was unable to provide up-to-date human rights policies and procedures. 3. 12VAC35-115-50. Dignity. C.2. "In services provided in residential, each individual has the right to receive nutritionally adequate, varied, and appetizing meals that are prepared and served under sanitary conditions, are served at appropriate times and temperatures, and are consistent with any individualized diet program." This regulation was not met based on observations at the provider location on 4/19/19 that there was not nutritionally adequate or varied food available for the individual's served and the provider did not have sufficient food in the refrigerator, freezer, or pantry. 4. 12VAC35-115-50. Dignity. C.3. "In services provided in residential, each individual has the right to live in a humane, safe, sanitary environment." This regulation was not met based on the observations 4/10/19 of two fire extinguishers with an outdated inspection (2017); the master bedroom had broken furniture with exposed nails/screws; the oven was inoperable; a locked cabinet containing controlled medications and confidential client information appeared unsecure; the living room and master bath had exposed light bulb sockets; and, the living room		

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		and stairwell lights were inoperable. 5. 12VAC35-115-260. Provider and department responsibilities. A.7. “Providers, through their directors, shall require competency-based training of employees on this chapter upon employment and at least annually thereafter. Documentation of such competency shall be maintained in the employee's personnel file.” This regulation was not met based on an interview with Employee 1, who did not demonstrate an understanding of abuse, neglect, and exploitation, and due to an inability to review staff records, it is unclear if staff have received annual competency-based training on human rights processes.		
12VAC35-46-800. A. (2) - Structured program of care to provide protection, guidance, and supervision	N	DSFAP-First Step There shall be evidence of a structured program of care designed to: Provide protection, guidance, and supervision Provider was found to be in systemic non-compliance. Provider had been previously cited for this violation on 8/26/16, 8/29/14 and 7/17/14. Citation : Sufficient evidence exists to support a finding that there is insufficient staff to effectively manage the behavioral and psychiatric needs of the residents placed in the home. Regulation specifies that the provider shall develop and implement written policies and procedures that address staff supervision of children including contingency plans for resident illnesses, emergencies, off-campus activities, and resident preferences. These policies and procedures shall be based on the: -Needs of the population served; -Types of services offered;	PR) 11/01/2021 Provider response not transferred to CONNECT application. OLR) Accepted 11/01/2021	

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		-Qualifications of staff on duty; and -Number of residents served. Specialist interviewed employees, parent of one of the residents, reviewed staffing plan, observed services at the group home and obtained police logs. There were several notable incidents that occurred at the group home that warranted police intervention. The staff roster lists 1 staff member on for each shift and by review of the acuity and number of residents in the home, staffing was deemed to be insufficient to meet the health and safety needs of the residents. Specialist had conducted an unannounced review of the home and the staff member on shift had been at the home for over a 9 hour period and indicated that the scheduled relief staff member was not able to work the assigned shift.		
12VAC35-46-880. A. - Emergency phone number for staff	N	DSFAP-First Step A. There shall be an emergency telephone number where a staff person may be immediately contacted 24 hours a day. This regulation was NOT MET as evidenced by the review conducted on 4/10/18. The office of Licensing and Human Rights arrived at the administrative office on 4/10/19. There was no one present at the office and a message was left on the voice mail of Employee #3. Employee #1 had arrived at the office within a 20-30 minute time period to facilitate the review. Upon asking this staff member and Employee #2 who was the AOC (Administrator On Call), neither staff had information and/or a log to indicate the staff member who was on call. Employee #1 contacted the AOC telephone number and there was no response.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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860.A - Three balanced meals and snack	NS	DSFAP-First Step A. Each resident shall be provided a daily diet that (i) consists of at least three nutritionally balanced meals and an evening snack; (ii) includes an adequate variety and quantity of food for the age of the resident; and (iii) meets minimum nutritional requirements and the U.S. Department of Health and Human Services and U.S. Department of Agriculture Dietary Guidelines for Americans, 2005, 6th Edition. In order to assure that the residents will receive an adequate, well-balanced diet, food served daily should be selected from each of the five major food groups: - Fruit Group – 2 cups or 4 servings - Vegetable Group – 2.5 cups or 5 servings - Grain Group – 6 ounces - Meat and Beans Group – 5.5 ounces - Milk Group – 3 cups - Oils—6 tsp This regulation was NOT MET and found to be in systemic non-compliance. Provider was previously issued this citation on 8/26/16. An environmental plant review of the home was conducted on 4/10/19 and 4/11/19. The food supply in the refrigerator and cabinets had been reviewed and an inadequate supply of food had been observed. On 4/10/19, staff indicated that they needed to go grocery shopping. A second review was conducted on 4/11/19 and there was no evidence that provider had shopped for food. The home did not have an adequate supply of food from all food groups as there was no evidence of fruit and vegetables in the home.	PR) 11/01/2021 Provider response not transferred to CONNECT application OLR) Accepted 11/01/2021	

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General Comments / Recommendations:
1. Confidential records should be maintained in a locked confidential area. In conducting an inspection of the administrative office, client records were observed in an unsecure office.

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.

Gail Schreiner	(Signature of Organization Representative)	Date

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