Investigation ID: **5**
License #: **769-14-008**
Organization Name: **Dominion Services for all People, LLC**

Date of Inspection: **10-10-2025**
Program Type/Facility Name: **14-008**

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	This regulation was NOT MET as evidenced by: During the investigation of the alleged dog bite incident, the provider failed to maintain required documentation related to the event. There was no evidence of the incident occurrence, including a lack of records detailing the date and time the resident was reportedly bitten by the dog. The provider failed to report the injury to the Department within the required 24-hour timeframe. The provider did not submit a report that included the date, time, description of the injury, or the name of the individual who made the report, as required by regulation.	PR) 01/13/2026 **The staff is required to provide immediate notification & reporting to the Director** **1.Protocol: Any staff member who discovers an injury (animal-related or unexplained) must notify the Director verbally immediately.** **Accountability: The Director is the primary reporter to the Department. The Program Supervisor is the designated backup to ensure 24/7 coverage.** **Timeline: All regulatory reports must be submitted within the 24-hour window.** **2. Documentation Standards** **The facility has implemented a mandatory Incident Investigation Packet requiring:** **Exact date and time of the incident and discovery.** **Clinical Evidence: Use of body maps and high-resolution photographs for all injuries.** **Statements: Written witness accounts from all staff and residents involved.** **Animal Logs: Verification of vaccination status and owner information for involved animals.** **Reporting Log: A central log tracking the notification time and the name of the reporter.** **3. Training & Competency**	1/19/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Mandatory In-Service: All staff will be trained on the Regulation, focusing on identifying reportable incidents and real-time charting. **Attestation: Written acknowledgment of the 24-hour reporting requirement is required for all staff.** **Onboarding: This training is now a permanent component of New Hire Orientation and annual reviews.** **4. Quality Assurance (QA) Audits** **Daily: Leadership will review 24-hour logs during morning meetings to capture any unreported incidents.** **Weekly: The Program Supervisor will audit incident packets against the Department Notification Log to verify compliance with the 24-hour rule.** **The Program Supervisor & Director will provide Oversight and Monitoring. However, the Final Oversight is the Director's responsibility.** OLR) Accepted 01/14/2026	
12VAC35-46-830. B. - If a crisis or clinical emergency involves a resident who receives medical or mental health services, the crisis intervention documentation shall become part of the	N	This regulation was NOT MET as evidenced by: The provider failed to make the medical treatment of incident part of the resident's record.	PR) 01/13/2026 **To address a deficiency where medical treatment for an incident was not properly documented in a resident's record, the agency will** **1. Make an Immediate Correction**	1/19/2026

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resident's record.			**Retrospective Documentation: The staff involved in the specific incident will immediately enter a late entry/clarification note into the resident's medical record. This note will detail the assessment conducted, the specific treatment provided, and the resident's response to that treatment.** **2. To prevent further issues** **Policy Revision: The "Incident Reporting and Documentation Policy" will be updated to explicitly state that an incident report is an internal administrative tool and does not replace the requirement for clinical documentation in the medical record.** Staff Re-education: Mandatory in-service training will be conducted for all staff. Training topics will include: Legal requirements for clinical documentation. The "if it wasn't documented, it wasn't done" standard. 3. Quality Assurance & Monitoring The Director will monitor for ongoing compliance. A quarterly audit will take place over the next 90 days to ensure this policy is completed. OLR) Accepted 01/14/2026	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

General Comments / Recommendations:
Please respond to the CAP on or before the due date. If you should have any questions or require further assistant, please contact me via CONNECT or at 804-393-0663.

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.

Donna Ross, Licensing Specialist	(Signature of Organization Representative)	Date

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