DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-13-2023**
Program Type/Facility Name: **14-008 DSFAP-First Step**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. (1) - Tuberculosis evaluation: 1. At the time of hire or residency at the facility, each individual shall submit the results of a screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	This regulation was NOT MET as evidenced by: The medical files of Employee #1 and #2 did not include documentation to demonstrate a tuberculosis screening had occurred at the time of hire.	PR) 06/05/2024 **The missing TB Test was an oversight of the agency. Below, you will find an action Plan to Prevent Recurrence:** **The staff was required to have TB tests. Immediately conduct tuberculosis screenings (Employee #1 and #2) to ensure their health and compliance with screening requirements.** **Human Resources will enhance documentation protocols by implementing a revised onboarding process that includes a checklist for all required medical screenings, ensuring documentation completeness. They will also create training and awareness for personnel on the importance of accurate and thorough documentation of medical screenings during the hiring process.Human Resouces will also complete monthly Audits to establish a system for periodic audits of employee medical files to verify the presence of all necessary screening documentation. The audit information will be reported to the Executive Director.** **By implementing these measures, we aim to prevent similar oversights in the future and maintain compliance with health screening regulations for all new hires.** OLR) Accepted 06/05/2024	8/1/2023

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Date of Inspection: **11-13-2023**
Program Type/Facility Name: **14-008 DSFAP-First Step**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (1) - The records of each employee shall include: 1. A completed employment application form or other written material providing the individual's name, address, phone number, and social security number or other unique identifier;	N	This regulation was NOT MET as evidenced by: The personnel fie of Employee #1 does not include a completed application obtained prior to employment.	PR) 06/05/2024 **The omission of the documentation on the employee's application was an agency oversight. To avoid future oversights, the following procedures will be implemented:** **During the hiring process, the Executive Director examines all applications and provides final approval, ensuring the inclusion of all necessary information.** **By enacting these protocols, we aim to prevent similar oversights in the future and uphold compliance with all regulations.** **.** OLR) Accepted 06/05/2024	8/1/2023

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12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	This regulation was NOT MET as evidenced by: The personnel files of Employees #1 and #2 did not contain documentation to demonstrate reference checks were completed during the hiring process.	PR) 06/05/2024 **The missing employee references were an oversight of the agency. Below, you will find an action Plan to Prevent a Recurrence:** **Human Resources is required to have documentation to demonstrate reference checks were completed during the hiring proces**s. **Human Resources will enhance documentation protocols by implementing a revised onboarding process with a checklist for all required forms. They will also create training and awareness for personnel on the importance of accurate and thorough documentation and establish monthly audits of employee files to verify the presence of all necessary documentation. The audit information will be reported to the Executive Director.** **By implementing these measures, we aim to prevent similar oversights in the future and maintain compliance with health screening regulations for all new hires.** OLR) Accepted 06/05/2024	8/1/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	This regulation was NOT MET as evidenced by: The personnel file of Employee #1 did not contain documentation regarding criminal background eligibility or no match for the central registry search.	PR) 06/05/2024 **The Executive Director/Program Manager will ensure all background checks are completed before an individual's hire date and placed in the employee file. Quarterly personnel file chart audits will be done to ensure records are up to date and in compliance. A root cause analysis will be conducted on this issue, and a risk management plan will be developed addressing how to increase compliance with background checks being completed and filed in compliance with regulations.** **The completed background checks for employee #1 were placed in the personnel file.** OLR) Accepted 06/05/2024	7/7/2023
12VAC35-46-300. B. (9) - The records of each employee shall include: 9. Documentation of all training required by these regulations and any other training received by individual staff;	N	This regulation was NOT MET as evidenced by: The personnel file of employee #2 did not contain documentation to demonstrate medication administration had occurred as required.	PR) 06/05/2024 The missing employee references were an oversight of the agency. Below, you will find an action Plan to Prevent a Recurrence: Human Resources is required to document all training and ensure that the training is up to date. An outside agency facilitates Medication Management, and certificates were not sent to the primary office. However, the Executive Director spoke with a trainer and implemented a guideline that payment is not issued unless the agency receives all required documentation. Human Resources was also made aware that missing information must be placed in a staff file therefore, to ensure that all documentation is	8/1/2024

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			present, Human Resources will enhance documentation protocols by implementing a revised onboarding process with a checklist for all required forms. They will also create training and awareness for personnel on the importance of accurate and thorough documentation and establish monthly audits of employee files to verify the presence of all necessary documentation. The audit information will be reported to the Executive Director. By implementing these measures, we aim to prevent similar oversights in the future and maintain compliance with health screening regulations for all new hires. OLR) Accepted 06/05/2024	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	This regulation was NOT MET as evidenced by: The individual service file of Individual #1 did not contain progress notes for 4/3/2023, 4/7/2023, 4/10/2023 8 am-12:30 am.	PR) 06/05/2024 **To ensure that all progress notes are completed daily, the following procedures will be implemented and reiterated :** **1. Establish a clear policy mandating that staff must complete progress notes for each resident at the end of every shift.** **2. Provide staff with training on the importance of progress notes, how to document residents' progress accurately, and the correct format for recording the notes.** **3. The Lead counselor will oversee the completion of progress notes and conduct monthly checks to ensure compliance.** **4. Encourage staff to provide feedback to the Director on any challenges they face in completing progress notes and ensure that the Director addresses these issues promptly.** **The format listed will enhance the consistency and quality of progress notes, ensuring that each resident's progress is accurately documented daily.** OLR) Accepted 06/05/2024	8/1/2023

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12VAC35-46-750. H. (2) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 2. The resident's family, if appropriate, and legal guardian;	N	This regulation was NOT MET as evidenced by: There was an individualized service plan in the record of Individual #2 with a target date of 3/23. The subsequent plan in the record does not have the signature of the Guardian for individual #2.	PR) 06/05/2024 **The missing signature was an omission on the agency,** **To ensure that individualized service plans in the record of each individual have the signature of the Guardian, the following will be taken:** **1. Establish clear communication with each client's guardians to explain the importance of their signature on the individualized service plan.** **2. Encourage Guardians to actively participate in developing and reviewing the individualized service plan in person versus over the phone.** **3. The office Manager verifies that the Guardian's signature is present on each individualized service plan before finalizing and filing the document.** OLR) Accepted 06/05/2024	8/1/2024

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12VAC35-46-750. H. (4) - There shall be documentation showing the involvement of the following parties unless clearly inappropriate, in developing and updating the individualized service plan and in developing the quarterly progress report: 4. Facility staff.	N	This regulation was NOT MET as evidenced by: There was an individualized service plan in the record of Individual #2 with a target date of 3/23. The subsequent plan in the record does not have the signature of the facility staff.	PR) 06/05/2024 **The missing staff signature was an omission on the agency,** **The overall process to ensure that the guardian signature and all other required signatures are ISPs will be utilized. The Office Manager will ensure that all signatures are present before filing.** **To ensure that individualized service plans in the record of each individual have the signature of the Guardian, the following will be taken:** **1. Establish clear communication with each client's guardians to explain the importance of their signature on the individualized service plan.** **2. Encourage Guardians to actively participate in developing and reviewing the individualized service plan in person versus over the phone.** **3. The office Manager verifies that all required signatures are present on each individualized service plan before finalizing and filing the document** OLR) Accepted 06/05/2024	8/1/2024

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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.

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

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