DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **779-14-008**
Organization Name: **Open Arms Family Services, Inc.**

Date of Inspection: **07-08-2025**
Program Type/Facility Name: **14-008 Omega I Residential Service**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (1a) - Required annual retraining: 1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1a. Alerting emergency personnel and sounding alarms;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining's, the provider failed to provide documented evidence that Employee #1 and Employee #2 had been retrained in emergency response training that included alerting emergency personnel and sounding alarms. The content on the providers "Emergency Preparedness and Response" training were directed to infection control and not emergency preparedness. Please revise the Emergency Preparedness and Response training and resubmit the training that includes alerting emergency peronnel and sounding alarms, for review.	PR) 07/24/2025 It is the responsibility of the Risk Manager to monitor the Emergency Preparedness and Response policy as well as update the annual training tool as needed. The Risk Manager is responsible for scheduling and conducting the annual retraining of employees prior to their training date terminating. The current test was revised but failed to meet the required elements stated in the policy. The Program Director and designee will monitor the Emergency Preparedness and Response Plan twice a year and make revisions as necessary. We have attached an updated Emergency Preparedness and Response Plan Exam Questions with the answers attached for your review. OLR) Partially Accepted 08/18/2025 The corrective action has been partially accepted due to the submitted document continues to address more Infection Control issues than Emergency Preparedness and Response Training as addressed in regulation 310.A.2. These 5 required topics need to be addressed in emergency preparedness and response trainings: • Alerting emergency personnel and sounding alarms; • Implementing evacuation procedures, including evacuating individuals; • Using, maintaining, and operating emergency equipment; • Accessing emergency information for residents including medical information; & • Utilizing community support services.	8/26/2025

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			Please revise the emergency preparedness training to remove Infection Control and address all 5 topics above and resubmit the training for review. PR) 08/25/2025 The Program Director has created the Emergency Preparedness test to reflect training on alerting emergency personnel and sounding alarms. Question #3, 5 are attached for your review. OLR) Accepted 08/28/2025	
12VAC35-46-310. B. (1b) - Required annual retraining: 1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining's, the provider failed to provide documented evidence that Employee #1 and Employee #2 had been retrained in emergency response training that included implementing evacuation procedures, including evacuation of residents with special needs. The content on the providers "Emergency Preparedness and Response" training were directed to infection control and not emergency preparedness. Please revise the Emergency Preparedness and Response training and resubmit the training that includes implementing evacuation procedures, including evacuation of residents with special needs, for review.	PR) 07/24/2025 It is the responsibility of the Risk Manager to monitor the Emergency Preparedness and Response policy as well as update the annual training tool as needed. The Risk Manager is responsible for scheduling and conducting the annual retraining of employees prior to their training date terminating. The current test was revised but failed to meet the required elements stated in the policy. The Program Director and designee will monitor the Emergency Preparedness and Response Plan twice a year and make revisions as necessary. We have attached an updated Emergency Preparedness and Response Plan Exam Questions with the answers attached for your review. OLR) Partially Accepted 08/18/2025	8/26/2025

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			The corrective action has been partially accepted due to the submitted document continues to address more Infection Control issues than Emergency Preparedness and Response Training as addressed in regulation 310.A.2. These 5 required topics need to be addressed in emergency preparedness and response trainings: • Alerting emergency personnel and sounding alarms; • Implementing evacuation procedures, including evacuating individuals; • Using, maintaining, and operating emergency equipment; • Accessing emergency information for residents including medical information; & • Utilizing community support services. Please revise the emergency preparedness training to remove Infection Control and address all 5 topics above and resubmit the training for review. PR) 08/25/2025 The Program Director has created the Emergency Preparedness test to reflect training on implementing evacuation procedures, including evacuation of residents with special needs. It shall be noted that Omega I does not accept individuals with special needs or physical disabilities because we can not safely treat those	

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			individuals. OLR) Accepted 08/28/2025	
12VAC35-46-310. B. (1c) - Required annual retraining: 1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1c. Using, maintaining, and operating emergency equipment;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining's, the provider failed to provide documented evidence that Employee #1 and Employee #2 had been retrained in emergency response training that included using, maintaining, and operating emergency equipment. The content on the providers "Emergency Preparedness and Response" training were directed to infection control and not emergency preparedness. Please revise the Emergency Preparedness and Response training and resubmit the training that includes using, maintaining and operating emergency equipment, for review.	PR) 07/24/2025 It is the responsibility of the Risk Manager to monitor the Emergency Preparedness and Response policy as well as update the annual training tool as needed. The Risk Manager is responsible for scheduling and conducting the annual retraining of employees prior to their training date terminating. The current test was revised but failed to meet the required elements stated in the policy. The Program Director and designee will monitor the Emergency Preparedness and Response Plan twice a year and make revisions as necessary. We have attached an updated Emergency Preparedness and Response Plan Exam Questions with the answers attached for your review. OLR) Partially Accepted 08/18/2025 The corrective action has been partially accepted due to the submitted document continues to address more Infection Control issues than Emergency Preparedness and Response Training as addressed in regulation 310.A.2. These 5 required topics need to be addressed in emergency preparedness and response trainings: • Alerting emergency personnel and sounding alarms; • Implementing evacuation procedures, including evacuating individuals; • Using, maintaining, and operating emergency equipment; • Accessing emergency information for	8/26/2025

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			residents including medical information; & • Utilizing community support services. Please revise the emergency preparedness training to remove Infection Control and address all 5 topics above and resubmit the training for review. PR) 08/25/2025 The Program Director has created the Emergency Preparedness test to reflect training on maintaining and operating emergency equipment for your review. OLR) Accepted 08/28/2025	
12VAC35-46-310. B. (1d) - Required annual retraining: 1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1d. Accessing emergency information for residents including medical information;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining's, the provider failed to provide documented evidence that Employee #1 and Employee #2 had been retrained in emergency response training that included accessing emergency information for residents including medical information. The content on the providers "Emergency Preparedness and Response" training were directed to infection control and not emergency preparedness. Please revise the Emergency Preparedness and Response	PR) 07/24/2025 It is the responsibility of the Risk Manager to monitor the Emergency Preparedness and Response policy as well as update the annual training tool as needed. The Risk Manager is responsible for scheduling and conducting the annual retraining of employees prior to their training date terminating. The current test was revised but failed to meet the required elements stated in the policy. The Program Director and designee will monitor the Emergency Preparedness and Response Plan twice a year and make revisions as necessary. We have attached an updated Emergency Preparedness and Response Plan Exam Questions with the	8/26/2025

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		training and resubmit the training that includes accessing emergency information for residents including medical information, for review.	answers attached for your review. OLR) Partially Accepted 08/18/2025 The corrective action has been partially accepted due to the submitted document continues to address more Infection Control issues than Emergency Preparedness and Response Training as addressed in regulation 310.A.2. These 5 required topics need to be addressed in emergency preparedness and response trainings: • Alerting emergency personnel and sounding alarms; • Implementing evacuation procedures, including evacuating individuals; • Using, maintaining, and operating emergency equipment; • Accessing emergency information for residents including medical information; & • Utilizing community support services. Please revise the emergency preparedness training to remove Infection Control and address all 5 topics above and resubmit the training for review. PR) 08/25/2025 The Program Director has created the Emergency Preparedness test to reflect training on accessing emergency information for residents including medical information for your	

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			review. OLR) Accepted 08/28/2025	
12VAC35-46-310. B. (1e) - Required annual retraining: 1. All employees, contractors, students and interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1e. Utilizing community support services.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining's, the provider failed to provide documented evidence that Employee #1 and Employee #2 had been retrained in emergency response training that included utilizing community support services. The content on the providers "Emergency Preparedness and Response" training were directed to infection control and not emergency preparedness. Please revise the Emergency Preparedness and Response training and resubmit the training that includes utilizing community support services, for review.	PR) 07/24/2025 It is the responsibility of the Risk Manager to monitor the Emergency Preparedness and Response policy as well as update the annual training tool as needed. The Risk Manager is responsible for scheduling and conducting the annual retraining of employees prior to their training date terminating. The current test was revised but failed to meet the required elements stated in the policy. The Program Director and designee will monitor the Emergency Preparedness and Response Plan twice a year and make revisions as necessary. We have attached an updated Emergency Preparedness and Response Plan Exam Questions with the answers attached for your review. OLR) Partially Accepted 08/18/2025 The corrective action has been partially accepted due to the submitted document continues to address more Infection Control issues than Emergency Preparedness and Response Training as addressed in regulation 310.A.2. These 5 required topics need to be addressed in emergency preparedness and response trainings: • Alerting emergency personnel and sounding alarms; • Implementing evacuation procedures, including evacuating individuals; • Using, maintaining, and operating	8/26/2025

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			emergency equipment; • Accessing emergency information for residents including medical information; & • Utilizing community support services. Please revise the emergency preparedness training to remove Infection Control and address all 5 topics above and resubmit the training for review. PR) 08/25/2025 The Program Director has created the Emergency Preparedness test to reflect training on utilizing community support services for your review. OLR) Accepted 08/28/2025	
12VAC35-46-310. B. (2) - Required annual retraining: 2. All staff who administer medication shall complete annual refresher medication training.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of employee #1's retraining's, the provider failed to have documented evidence at the time of inspection, for annual refresher in medication training. Please submit a current certification for Employee #1 in annual medication refresher training, for review.	PR) 07/26/2025 The Executive Secretary sends out notification 45 days prior to employees Medication training expiring date and another reminder 30 days before the expiration date. Employee 1 failed to attend the training that was scheduled with the group home staff and was instructed to complete the training and submit the refresher certificate. Employee 1 is scheduled for Refresher Medication training for August 13, 2025 once she returns from vacation. OLR) Partially Accepted 08/18/2025The corrective action has been partially accepted due to no documentation submitted for being	9/6/2025

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			scheduled for training. Please submit the training recertification document, if completed, or the registration document for Employee @1, for review. PR) 08/25/2025 Employee #1 has submitted communication with the medication trainer. The Program Director has followed up with the Medication Training and confirmed employee one is scheduled to attend training on 9/6/2025 and will receive the certificate within 10 days after completion. OLR) Partially Accepted 08/28/2025The corrective action has been partially accepted due to no evidence being returned regarding the medication administration training. Please submit documented evidence of Employee #1's registration for the upcoming medication administration training, for review. PR) 08/28/2025 Employee #1 contacted the Med. trainer who does not require a formal registration. The employee is scheduled to attend Medication Training refresher on 9/6/2025. I have attached the written communication for your review. OLR) Accepted 08/29/2025	

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12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #1 and Employee #2's retraining documentation, the provider failed to have documented retraining evidence of annual training for child abuse and neglect, mandatory reporting, serious incident reporting, maintaining appropriate professional relationships and interaction among staff and residents. Employee #1 Employee #2 had retraining in child abuse & neglect and mandatory reporting dated 6/26/2024 which had expired. Neither employee had documented evidence in their file for maintaining appropriate professional relationships or interaction among staff and resident retraining. Please submit documented evidence of annual retraining in child abuse and neglect, mandatory reporting, serious incident reporting, maintaining appropriate professional relationships, and interaction among staff and residents for Employee #1 and Employee #2, for review.	PR) 07/28/2025 It is the responsibility of the Program Director to ensure that all employees are trained annually on Maintaining Appropriate Professional Relationships and Interaction among Staff and Residents as well as Child Abuse and Neglect Mandatory Reporting. All group home staff will be retrained prior to their anniversary date of hire. The completed tests will be signed and dated by the employee and filed in the employees personnel file by the Executive Secretary as soon as the tests have been. The Executive will monitor the expiration date 90 days prior to the test expiring and alert the Program manager to schedule a test date. OLR) Accepted 08/18/2025	7/28/2025

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12VAC35-46-850. H. - In the event of a medication error or an adverse drug reaction, first aid shall be administered if indicated. Staff shall promptly contact a poison control center, pharmacist, nurse, or physician and shall take actions as directed. If the situation is not addressed in standing orders, the attending physician shall be notified as soon as possible and the actions taken by staff shall be documented.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Individual #1' and Individual #2's service records, including medication administration records, the provider failed to have a current copy of physician orders in the records for review.	PR) 07/25/2025 It is the Program Managers responsibility to coordination all medication activity for the residents. It has been our practice to monitor medication administration compliance by utilizing the medication leaflets provided by the pharmacy which are kept in each individual resident's folder with the MARs. Moving forward, the Program Manager will request the Physicians orders at the time the prescriptions are written by the physicians. The Program Manager will ensure that the pharmacy attach the original physicians order and the staff on duty will file the physicians order in the individual resident's folder with the other medication documents which includes the Medication count sheet and MAR. The Program Manager and Program Director will review the Physicians orders and other medication related documents at a minimum of every 30 days. OLR) Accepted 08/18/2025	7/28/2025

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General Comments / Recommendations:
1-LS recommends that the provider review the changes in the regulations and ensure that their policies and procedures are compliant with the revised regulations. Please refer to the Office of Licensing's web page for those revised regulations and DBHDS Memo.

2-Please address the citation with a corrective action plan of why the regulation was cited, how you will mitigate this regulation from being cited in the future, the staff member's position title for implementing the corrective action and the date that the corrective action will be implemented in the response.

3-Please review the licensing report and respond with the corrective action plan by the due date addressed in the report.

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.

Tina Williams, Licensing Specialist	(Signature of Organization Representative)	Date

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