DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-22-2026**
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. A. (1) - Required initial training: 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.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon review of Employee #2's training record, the provider failed to have documented evidence that the behavior intervention, policies and techniques were completed within seven days following their begin date. Employee #2's begin date was 1/21/2026 and the Crisis Wave training certificate indicated that the completion date was 2/4/2026 which is not within seven days.	PR) 07/03/2026 In an effort to maintain compliance with initial orientation of Behavior Management, the Program Director has revised the New Employee Orientation Form to clearly identify that behavior management activities will be completed within 7 days of their begin date. The designated employee responsible for the new hire's orientation will get the new hire to sign the document indicating they have completed behavior management (Crisis Wave) training. Once all activities on the universal new orientation form have been completed, the Executive Secretary will file the form in the new hires personnel file. OLR) Accepted 07/08/2026	7/3/2026
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's training records, the provider failed to have documented evidence of emergency preparedness and response training for alerting emergency personnel and sounding alarms.	PR) 06/30/2026 The Risk Manager is responsible for ensuring that all employees conduct Emergency Preparedness and Response training on how to alert residents and staff on duty that there is an emergency. The Risk Manager is responsible for training all DSPs of the pre-determined verbal response, "Emergency Situation Exists" to allow them to act according to the policy. Each employee will be trained prior to their annual training date expiring. The Risk Manager and Program Director will be responsible for administering the written test to be placed in their personnel files by the Executive Secretary. OLR) Accepted 07/08/2026	7/9/2026

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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's training records, the provider failed to have documented evidence of emergency preparedness and response training for implementing evacuation procedures, including evacuation of residents with special needs.	PR) 07/06/2026 The Risk Manager is responsible for ensuring that all employees conduct Emergency Preparedness and Response training on how to evacuate residents with special needs. The Risk Manager is responsible for training all DSPs of the pre-determined verbal response (Voice Command), "Emergency Situation Exists" to allow them to act according to the policy. The group home is not handicapped accessible and non-ambulatory residents whose special needs would be a barrier to emergency evacuation will not be admitted to Omega I. All residents, regardless of condition (injuries) are removed from the group home to some other location outside the group home. This type of evacuation may be required where there is an immediate threat of disaster to the whole home or any of its parts. Evacuation is based on area of need; residents are to be removed from the group home only if fully required. Each new employee will be trained within 7 days of their hire date and annually prior to their annual training date expiring. The Risk Manager and Program Director will be responsible for administering the Emergency Preparedness and Response Plan written test to be placed in their personnel files by the Executive Secretary. OLR) Accepted 07/08/2026	7/9/2026

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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's training records, the provider failed to have documented evidence of emergency preparedness and response training for using, maintaining, and operating emergency equipment.	PR) 07/03/2026 The Risk Manager is responsible for ensuring that all employees conduct Emergency Preparedness and Response training and annual re-training. Omega I Therapeutic Group Home does not use any emergency equipment with the exception of a flashlight for visual purposes and a radio or computer for communication and being aware of weather-related disasters. OLR) Accepted 07/08/2026	7/9/2026
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's training records, the provider failed to have documented evidence of emergency preparedness and response training for accessing emergency information for residents including medical information.	PR) 07/06/2026 Emergency information on each resident is kept in the group home van during evacuation periods away from the group home. The information will include the residents name, date of birth, admission date, social security number, doctors name, emergency contact numbers with names, legal guardians name, current medications, medical conditions, allergies, medications, and insurance details. The Program Manager is responsible for developing the Emergency Information form from the residents Application for Admission packet within 7 days of placement. All staff will be retrained on the use and where the Emergency Information pouch will be kept in the group home van. OLR) Accepted 07/08/2026	7/23/2026

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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's training records, the provider failed to have documented evidence of emergency preparedness and response training for utilizing community support services.	PR) 07/06/2026 The Risk Manager is responsible for ensuring that all employees conduct Emergency Preparedness and Response training on utilizing community support services. The Risk Manager is responsible for training all DSPs on local community support services and other types of community support services to include the American Red Cross. The Risk Manager and Program Mnanger will retrain group home staff on when and how to access them during and after a disaster. Each employee will be trained prior to their annual training date expiring. The Risk Manager and Program Director will be responsible for administering the written test to be placed in their personnel files by the Executive Secretary. OLR) Accepted 07/08/2026	7/23/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. 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.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon the LS physical inspection of the home, the provider failed to keep the interior of the home properly maintained and clean. There was a large hole at the end of the hallway, on the wall. In the bathroom, behind the door, there was grime and dirt along the bottom of the wall and floor.	PR) 07/03/2026 The hole in the hallway was repaired and painted. The residents were horseplaying the night before this inspection and reopened this area of the hallway wall. The Program Director has submitted a request to repair this hole. The exhaust fan in the bathroom stopped working which allowed grime and dirt to settle on the door inside the bathroom. The staff on duty is responsible for completing a checklist during changeover 3 times within 24 hours to ensure that everything is in working order, the physical property is clean and in order for the next staff to assume duty. The Program Manager is responsible for checking behind the staff completing the checklist to ensure all tasks are completed. All group home staff will be retrained by the Program Manager and Program Director on how to adequately complete changeover and to utilize the checklist and look behind doors in the group home and the bathrooms. OLR) Accepted 07/08/2026	7/23/2026

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12VAC35-46-710. B. (6) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 6. The behavior support needs of the prospective resident;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of the Application for Admission for Individual #1 and Individual #2, the provider failed to have documented evidence of the required topic, "The behavior support needs of the prospective resident" in the application, for review.	PR) 07/06/2026 The Program Director will revise the current Application for Admission form to include the behavior support needs of the potential resident. Thios will include, Identification of positive and problem behaviors. Identification of specific triggers for behaviors. Identification of successful intervention strategies for problem behaviors. Techniques for managing anger and anxiety. Identification of interventions that may escalate inappropriate behaviors. The Clinical Director and Program Director will review the revised Admissions Coordinator and begin to utilize the form at the time of the next potential placement. OLR) Accepted 07/08/2026	7/23/2026
12VAC35-46-710. B. (9) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 9. Current behavioral functioning and social competence;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of the Application for Admission for Individual #1 and Individual #2, the provider failed to have documented evidence of the required topic, "Current behavioral functioning and social competence" in the application, for review.	PR) 07/06/2026 The Program Director will revise the current Application for Admission form to include Current Behavioral Functioning and Social Competence. The Clinical Director and Program Director will review the revised Admissions Coordinator and begin to utilize the form at the time of the next potential placement. OLR) Accepted 07/08/2026	7/23/2026

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12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS inspection of Individual #1 and Individual #2's record, the provider failed to have a tuberculosis screening within 7 days of admission or one not older than 30 days, for Individual's #1 and #2.	PR) 07/03/2026 Residents are screened prior to admission by the Clinical Director and Program Director. The Program Director requests all required supporting documents including the TB screening to be submitted prior to admission or at the time of admission dated no more than 30 days from admission. If the placing agency does not show proof of a negative TB screening at the time of admission no more than 30 days, the Program Manager at Omega I will schedule an appointment to complete the TB screening within 7 days of admission. OLR) Accepted 07/08/2026	7/9/2026
12VAC35-46-900. A. (1) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behavior;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of Individual #1's record, the provider failed to have documented evidence that a behavior support plan had been developed and implemented that included, "Identification of positive and problem behavior," within 30 days of admission.	PR) 07/03/2026 The Program Manager and Clinical Director will develop a Behavior Support Plan to include Identification of positive and problem behavior to complete with current residents. Moving forward, the Behavior Support Plan will be implemented within 30 days of new admissions to Omega I Therapeutic Group Home by the Program Director and Program Manager who will be working directly with the residents. OLR) Accepted 07/08/2026	7/31/2026

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12VAC35-46-900. A. (2) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 2. Identification of triggers for behaviors;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of Individual #1's record, the provider failed to have documented evidence that a behavior support plan had been developed and implemented that included, "Identification of triggers for behaviors," within 30 days of admission.	PR) 07/03/2026 The Program Manager and Clinical Director will develop a Behavior Support Plan to include Identification of positive and problem behavior, Identification of triggers for behaviors to complete with current residents. Moving forward, the Behavior Support Plan will be implemented within 30 days of new admissions to Omega I Therapeutic Group Home by the Program Director and Program Manager who will be working directly with the residents. OLR) Accepted 07/08/2026	7/31/2026
12VAC35-46-900. A. (3) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 3. Identification of successful intervention strategies for problem behavior;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of Individual #1's record, the provider failed to have documented evidence that a behavior support plan had been developed and implemented that included, "Identification of successful intervention strategies for problem behavior," within 30 days of admission.	PR) 07/03/2026 The Program Manager and Clinical Director will develop a Behavior Support Plan to include Identification of positive and problem behavior, Identification of triggers for behaviors, Identification of successful intervention strategies for problem behaviors to complete with current residents. Moving forward, the Behavior Support Plan will be implemented within 30 days of new admissions to Omega I Therapeutic Group Home by the Program Director and Program Manager who will be working directly with the residents. OLR) Accepted 07/08/2026	7/31/2026

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12VAC35-46-900. A. (4) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 4. Techniques for managing anger and anxiety;	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of Individual #1's record, the provider failed to have documented evidence that a behavior support plan had been developed and implemented that included, "Techniques for managing anger and anxiety," within 30 days of admission.	PR) 07/03/2026 The Program Manager and Clinical Director will develop a Behavior Support Plan to include Identification of positive and problem behavior, Identification of triggers for behaviors, Identification of successful intervention strategies for problem behaviors, techniques for managing anger and anxiety to complete with current residents. Moving forward, the Behavior Support Plan will be implemented within 30 days of new admissions to Omega I Therapeutic Group Home by the Program Director and Program Manager who will be working directly with the residents. OLR) Accepted 07/08/2026	7/31/2026
12VAC35-46-900. A. (5) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 5. Identification of interventions that may escalate inappropriate behaviors.	N	Omega I Residential Service This regulation was NOT MET as evidenced by: Upon LS review of Individual #1's record, the provider failed to have documented evidence that a behavior support plan had been developed and implemented that included, "Identification of interventions that may escalate inappropriate behaviors," within 30 days of admission.	PR) 07/03/2026 The Program Manager and Clinical Director will develop a Behavior Support Plan to include Identification of positive and problem behavior, Identification of triggers for behaviors, Identification of successful intervention strategies for problem behaviors, techniques for managing anger and anxiety and Identification of interventions that may escalate inappropriate behaviors to complete with current residents. Moving forward, the Behavior Support Plan will be implemented within 30 days of new admissions to Omega I Therapeutic Group Home by the Program Director and Program Manager who will be working directly with the residents. OLR) Accepted 07/08/2026	7/31/2026

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General Comments / Recommendations:
1. Please identify the root cause(s) of the violation;
2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist).
4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.
5. Include a date of completion for each corrective action.
6. Please review the licensing report and submit the corrective action 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