DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **804-14-008**
Organization Name: **OLA Home for Boys, LLC**

Date of Inspection: **05-02-2022**
Program Type/Facility Name: **14-008 1802 N. 22 Street**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. (2) - Tuberculosis evaluation: 2. Each individual shall annually submit the results of a screening assessment, documenting that the individual is free 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.	N	1802 N. 22 Street This regulation was NOT MET as evidenced by: Review of Employee #1's file does not include the results of the Tuberculosis evaluation submitted annually. The last evaluation results submitted were from 12/21/2019. However the provider included a note indicating that the staff has experienced delays in being able to reschedule and received appointment for Tuberculosis reassessments. Please submit evidence of the Tuberculosis evaluation submitted annually. Provider noted that Employee #1 has an appointment on 5/7/2022 to accomplish this.	PR) 06/06/2022 CORRECTION: Employee #1 completed a TB screening (see attached) and is now in compliance with the agency's policies and procedures and DBHDS regulations. PREVENTION: The Program Director is responsible for ensuring all employees complete and submit a Tuberculosis evaluation within 30 days of hire and every year thereafter. The **Employee Personnel File Checklist** (see attached) will be used by the PD to capture compliance. In addition, an **Employee File Review** (see attached) will be completed by the Business Manager for every new employee within 30 days of hire and quarterly thereafter to ensure compliance. OLR) Accepted 06/16/2022	6/3/2022
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	1802 N. 22 Street This regulation was NOT MET as evidenced by: The downstairs common bathroom is missing tile where the soap dish is located.	PR) 06/01/2022 CORRECTION: The missing tile has been repaired. PREVENTION: A weekly Building and Grounds inspection form "Environmental Checklist" is completed by the overnight staff each week. "Fixtures" has been added to the bathroom portion of the checklist to ensure items like the one in question are reviewed. The Program Director and/or designated supervisor will follow up each week by conducting a subsequential inspection and address any safety, environmental, or maintenance concerns. OLR) Accepted 06/16/2022	6/3/2022

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12VAC35-46-660. I. - Entries in a resident's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.	N	1802 N. 22 Street This regulation was NOT MET as evidenced by: Review of Individual #2's Serious Incident Report dated 2/1/2022 is not current as it does not contain the name of the person who made the report to the placing agency and to either the parent or legal guardian. AND Review of Individual #2's Serious Incident Report dated 2/7/2022 is not current as it does not contain the action taken as a result of the incident and the name of the person who completed the report.	PR) 06/01/2022 CORRECTION: The Program Director confirmed that the SIRs in question has been fully completed and properly filed in the client's records. PREVENTION: A refresher training was conducted on May 18, 2022, to review SIR, requirements for completion, the process for corrections as needed, and the review required prior to filing. Group Home Counselors are responsible for completing Serious Incident Reports (SIR) and submitting them to the Program Director in a timely manner. The Program Director is responsible for ensuring that serious incident reports are completed accurately and timely and communicated to necessary parties in a timely manner. If an incomplete SIR is submitted to the Program Director, immediate action will be taken to ensure the report is completed in its' entirety. The Program Director will submit the final SIR to the Business Manager to be filed into the client's file. The Business Manager is responsible for confirming that SIRs are completed in their entirety prior to filing. OLR) Accepted 06/16/2022	5/18/2022

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General Comments / Recommendations:
Please ensure to respond to the CAP by:
1. Address all problems documented in each violation by:
a. Identifying the root cause(s) of the violation;
b. Developing a systemic plan of action, if applicable, to address each problem, 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; and
c. Indicating the frequency for monitoring the plan, including how it will be monitored (Ex: monthly audits, weekly chart reviews, quarterly checklist). DBHDS, LIC19, August 2020 3
2. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.
3. Include a date of completion for each corrective action.

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.

Josie Russell, Investigator	(Signature of Organization Representative)	Date

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