DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **950-14-008**
Organization Name: **Purvis Network, Inc.**

Date of Inspection: **12-28-2022**
Program Type/Facility Name: **14-008 Bell's Haven**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	Bell's Haven This regulation was NOT MET as evidenced by: Staff #1 performance evaluation not signed by employee or supervisor and the previous supervisor's name not employed with the agency was documented on the evaluation.	PR) 03/20/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven will ensure appropriate documentation/ performance evaluations are completed and signed by employees and supervisors. Bell's Haven will implement quality assurance record check reviews monthly By the CAO or Director. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	Bell's Haven This regulation was NOT MET as evidenced by: Staff #1 performance evaluation not signed by employee or supervisor and the previous supervisor's name not employed with the agency was documented on the evaluation. Staff #2 did not have a completed job performance evaluation in the record.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven will ensure appropriate documentation/ performance evaluations are completed and signed by employees and supervisors. Bell's Haven will implement quality assurance record check reviews monthly By the CAO or Director. OLR) Accepted 03/26/2023	3/20/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Staff #1 orientation checklist did not include serious incident reporting and mandated reported.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven will ensure appropriate documentation/training/orientation/ evaluations/ check list are completed and signed by employees and supervisors. Bell's Haven will implement quality assurance record check reviews monthly By the CAO or Director. OLR) Partially Accepted 03/26/2023 This response is partially accepted. Please indicate whether serious incident report training been completed for employees? PR) 04/04/2023 Serious incident and mandated reporting training is included and signed by staff. OLR) Accepted 09/06/2023	4/7/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Staff #2 no orientation checklist in record to identify any trainings completed.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven will ensure all staff complete training and appropriate documentation of training i/orientation check list are completed and signed by employees and supervisors. Bell's Haven will implement quality assurance record check reviews monthly By the CAO or Director. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-310. A. (2a) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2a. Alerting emergency personnel and sounding alarms;	N	Bell's Haven This regulation was NOT MET as evidenced by: Staff #2 no orientation checklist in record to identify any trainings completed.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven will ensure all staff complete training and appropriate documentation of training i/orientation check list are completed and signed by employees and supervisors. Within 14 days following an individual's begin date, and before an individual is alone supervising children, Bell's Haven shall conduct emergency preparedness and response training that shall include: . Alerting emergency personnel and sounding alarms; Bell's Haven will implement quality assurance record check reviews monthly By the CAO or Director. OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-310. A. (2b) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	Bell's Haven This regulation was NOT MET as evidenced by: Staff #2 no orientation checklist in record to identify any trainings completed.	PR) 03/19/2023 ;P.R will follow Bell Haven policy and procedures. Bell Haven will ensure all staff complete training and appropriate documentation. Within 14 days following an individuals begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: Implementing evacuation procedures, including evacuation of residents with special needs. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-310. A. (2c) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2c. Using, maintaining, and operating emergency equipment;	N	Bell's Haven This regulation was NOT MET as evidenced by:	PR) 03/19/2023 Bell's Haven will ensure all staff complete training and appropriate documentation. Within 14 days following an individuals begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: maintaining, and operating emergency equipment OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-420. A. - All buildings and building related equipment shall be inspected and approved by the local building official. Approval shall be documented by a certificate of occupancy.	N	Bell's Haven This regulation was NOT MET as evidenced by: Provider did not have a completed fire inspection.	PR) 03/19/2023 P.R will follow Bell's ;Haven policy and procedures. Bell's Haven will ensure that a fire inspection is completed yearly. Bell's Haven CAO will monitor and document all inspections. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-420. B. - The facility shall document at the time of its original application evidence of consultation with state or local fire prevention authorities.	N	Bell's Haven This regulation was NOT MET as evidenced by: Provider did not have a completed fire inspection.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven shall document at the time of its original application evidence of consultation with state or local fire prevention authorities. Bell's Haven will ensure and implement quality assurance checks quarterly. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-420. C. - The facility shall document annually after the initial application that buildings and equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code (13VAC5-51).	N	Bell's Haven This regulation was NOT MET as evidenced by: Provider did not have a completed fire inspection.	PR) 03/19/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven shall document at the time of its original application evidence of consultation with state or local fire prevention authorities. Bell's Haven will ensure and implement quality assurance checks quarterly. OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-420. D. (4) - At the time of the original application and at least annually thereafter the buildings shall be inspected and approved by state or local health authorities, whose inspection and approval shall include: 4. Food service operations.	N	Bell's Haven This regulation was NOT MET as evidenced by: The Provider did not have a Food Safety Inspection completed.	PR) 03/20/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven shall document and ensure staff have food safety inspections Bell's Haven will ensure and implement quality assurance checks quarterly OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-710. B. (2) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 2. The mental health, emotional, and psychological needs of the prospective resident;	N	Bell's Haven This regulation was NOT MET as evidenced by: Section titled "psychological, emotional, mental" on Individual #1 admission application states "see psychological," however, the Psychological is dated 11.2020. This section should include current information of the individual's mental, emotional and psychological needs at the time of admission.	PR) 03/20/2023 P.R will follow Bell's Haven policy and procedures. Bell's Haven shall document at the time of its original application evidence of fully complete application for admission that is designed to compile information necessary to determine: 2. The mental health, emotional, and psychological needs of the prospective resident;. Bell's Haven will ensure and implement quality assurance checks quarterly OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-710. B. (3) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 3. The physical health needs, including the immunization needs, of the prospective resident;	N	Bell's Haven This regulation was NOT MET as evidenced by: There is no information documented for immunization on individual #1 admission application. Section is left blank.	PR) 03/20/2023Bell's Haven will ensure all applications are fully documented with clients physical needs to include immunization record.OLR) Partially Accepted 03/26/2023 Please indicate who will be responsible for assuring this citation does not occur again. PR) 04/04/2023 Bell's Haven receives a immunization record for each resident prior to intake however, the supervisor will insure this information is attached to the application. OLR) Accepted 09/06/2023	4/7/2023
12VAC35-46-710. B. (5) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 5. The suitability of the prospective resident's admission;	N	Bell's Haven This regulation was NOT MET as evidenced by: No information documented on individual #1 admission application. Section is left blank.	PR) 03/20/2023Bell's Haven will ensure prior to acceptance each application is completed for suitability.OLR) Partially Accepted 03/26/2023 Please indicate what position will be responsible for assuring this citation does not occur again. PR) 04/04/2023 Bell's Haven will review each application for suitability. Prior to acceptance Bell's Haven reviews necessary documentation such as psychological, current level of functioning in current placement ,high risk behaviors, safety concerns and disruptive behaviors. OLR) Accepted 09/06/2023	4/7/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Section has documented "see psychological," however, the Psychological is dated 11.2020. This section should include current information of the individual's behavior needs at the time of admission.	PR) 03/20/2023Bell's Haven will ensure each perspectives e residents has a completed application that details the behavior support needs.OLR) Partially Accepted 03/26/2023 Please indicate what position will be responsible for assure this citation does not occur again. PR) 04/04/2023 Bell's Haven supervisor will review the clients application to ensure all information required is documented to complete an appreciate behavior support plan. OLR) Accepted 09/06/2023	4/7/2023
12VAC35-46-710. B. (7) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 7. Family history and relationships;	N	Bell's Haven This regulation was NOT MET as evidenced by: No information documented on individual #1 admission application. Section is left blank.	PR) 03/20/2023 Bell's Haven will ensure each perspective application for admission has a detailed family and relationship history.OLR) Partially Accepted 03/26/2023 Please indicate what position will be responsible for assure this citation does not occur again. PR) 04/04/2023 Bell's Haven will ensure each perspective application for admission has a detailed family history. The CAO or supervisor will review each application upon receipt OLR) Accepted 09/06/2023	4/7/2023

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12VAC35-46-710. B. (8) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 8. Social and development history;	N	Bell's Haven This regulation was NOT MET as evidenced by: No information documented on individual #1 admission application. Section is left blank.		3/7/2023
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	Bell's Haven This regulation was NOT MET as evidenced by: No information documented on individual #1 admission application. Section is left blank.	PR) 03/20/2023 Bell's Haven will ensure each perspective resident has fully completed a application for admission with a documented functioning and social competence. Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-730. A. - At the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 Face sheet did not include Religious preference and emergency contact information.	PR) 03/20/2023 Bell's Haven will ensure at the time of admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate. Each face sheet will have the religious preference and emergency contact information Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-750. B. (2) - Individualized service plans shall describe in measurable terms the: 2.Resident's current level of functioning;	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 ISP did not have documented the current level of functioning.	PR) 03/20/2023 Bell's Haven will ensure Individualized service plans shall describe in measurable terms and include current level of functioning; Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-750. B. (4) - Individualized service plans shall describe in measurable terms the: 4. Projected family involvement;	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 ISP did not have documented the family's involvement.	PR) 03/20/2023 Bell's Haven will ensure Individualized service plans shall describe in measurable terms and include family involvement; Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 quarterly report is not dated, therefore, unable to determine if completed within regulatory timeframe.	PR) 03/20/2023 Bell's Haven will ensure quarterly report is completed and dated, Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-750. E. (2) - 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: 2. Family's involvement;	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 quarterly did not have documented family's involvement.	PR) 03/20/2023 Bell's Haven will ensure quarterly report is completed to include family involvement, Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-750. E. (4) - 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: 4. Resident's progress towards discharge;	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 Quarterly did not have information documented of discharge.	PR) 03/20/2023 Bell's Haven will ensure quarterly report documents discharge planning, Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023

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12VAC35-46-750. E. (5) - 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: 5. Status of discharge planning.	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 Quarterly did not have information documented of discharge.	PR) 03/20/2023 Bell's Haven will ensure quarterly report has discharge planning information documented, Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023
12VAC35-46-840. E. (1a) - Each physical examination report shall include: 1. Information necessary to determine the health and immunization needs of the resident, including: 1a. Immunizations administered at the time of the exam;	N	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 physical examination has no documentation of immunizations.		3/20/2023
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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 chart did not have a behavior plan.	PR) 03/20/2023 Bell's Haven will develop a behavior support plan including identifying positive and negative behavior for each resident. Bell's Haven CAO will review the record for compliance. OLR) Accepted 03/26/2023	3/20/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 chart did not have a behavior plan.		3/20/2023
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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 chart did not have a behavior plan.	PR) 03/20/2023 Bell's Haven will document identified successful interventions strategies for problem behavior on the behavior support plan. The CAO will monitor the resident record. OLR) Accepted 03/26/2023	3/20/2023

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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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 chart did not have a behavior plan.	PR) 03/20/2023 Bell's Haven will document techniques for managing anger and anxiety on the behavior support plan. The CAO will monitor the resident record. OLR) Accepted 03/26/2023	3/20/2023
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	Bell's Haven This regulation was NOT MET as evidenced by: Individual #1 chart did not have a behavior plan.	PR) 03/20/2023 Bell's Haven will document identified interventions that may escalate inappropriate behavior on the behavior support plan. The CAO will monitor the resident record. OLR) Accepted 03/26/2023	3/20/2023

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General Comments / Recommendations:
The licensing specialist recommends the provider review regulations 12VAC35-520 A. The provider should reference the Crosswalk of DBHDS Approved Risk Management Training on the Office of Licensing webpage. The provider is responsible for submitting the completed DBHDS Risk Management Attestation to the Licensing Specialist along with the CAP. The provider's CAP shall include a detailed description of corrective actions that will minimize the possibility of the violation occurring again. The provider MUST submit the completed attestation with the CAP.

If the person responsible for the risk management function has completed the training and submitted the completed DBHDS Risk Management Attestation, but the employee's job description does not specify the role for risk management, the provider is responsible for submitting a revised job description with the CAP.
The licensing specialist recommends the provider review regulation 12VAC35-105-520 as well as the Guidance for Risk Management (August 2020). Based on the provider's Attestation of Risk Management Training, the provider will not be required to take the training again.

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.

Darragh Walker, Licensing Specialist	(Signature of Organization Representative)	Date

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