DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **12788-14-008**
Organization Name: **Beloved Safehaven**

Date of Inspection: **03-17-2026**
Program Type/Facility Name: **14-008 Beloved safe haven**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-640. B. - The facility shall accept and serve only those children whose needs are compatible with the services provided through the facility unless a child's admission is ordered by a court of competent jurisdiction.	N	Beloved safe haven This regulation was NOT MET as evidenced by: The facility shall admit and serve only those children whose needs are compatible with the services provided, unless admission is ordered by a court of competent jurisdiction. A review of records indicated that Individual #2 has a diagnosis that is not appropriate for the services offered within this setting, and therefore is not compatible with the facility's scope of care.	PR) 05/04/2026 The facility reviewed and referred to the fact that the mental health aspect would trump all other issues involving the children. The facility conducted an immediate review of Individual #2’s clinical, behavioral, and treatment needs to confirm the incompatibility with the current program model. The facility notified the placing agency/guardian of the incompatibility and initiated a transition plan to ensure the individual is placed in a setting equipped to meet their level of need. Staff were briefed on the situation to ensure safety, appropriate supervision, and adherence to the current scope of care until the transition is completed. OLR) Accepted 05/06/2026Please outline the corrective actions how this admission occurred and what will be implemented to prevent similar occurrences in the future. This should include any enhancements to admission criteria review, verification of diagnoses, staff training, and coordination with referral sources to ensure that individuals admitted to the program are appropriate for the level of care provided.	5/3/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Beloved safe haven This regulation was NOT MET as evidenced by: Providers shall develop and fully complete, prior to acceptance for care, an application for admission that compiles the information necessary to determine the suitability of the prospective resident's admission. A review indicated that Individual #2 was admitted with a diagnosis that is not appropriate for the facility, and therefore does not support suitability for admission.	PR) 05/04/2026 The facility reviewed and referred to the fact that the mental health aspect would trump all other issues involving the children. The facility conducted an immediate review of Individual #2's admission file, including the application, clinical documentation, and diagnostic history, to confirm that the diagnosis was incompatible with the program's scope of care. The placing agency/guardian was notified promptly, and a transition plan was initiated to ensure the individual is moved to a setting capable of meeting their clinical and behavioral needs. Staff were informed of the situation to ensure appropriate supervision and adherence to safety protocols until the transition is completed. OLR) Accepted 05/06/2026	5/3/2026

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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	Beloved safe haven This regulation was NOT MET as evidenced by: Providers shall develop and fully complete, prior to acceptance for care, an application for admission that compiles information necessary to determine the individual #2's current behavioral functioning and social competence. A review indicated that the individual was admitted with a diagnosis that is not appropriate for the facility, and therefore does not align with the required assessment of behavioral functioning and social competence for admission.	PR) 05/04/2026 The facility reviewed and referred to the fact that the mental health aspect would trump all other issues involving the children. The facility conducted an immediate review of Individual #2's admission file, including behavioral history, social functioning documentation, and diagnostic information, confirming that the individual's needs exceed the program's scope of care. The placing agency/guardian was notified, and a transition plan was initiated to ensure the individual is moved to a setting capable of meeting their behavioral and social-emotional needs. Staff were briefed to ensure appropriate supervision, safety measures, and adherence to the current scope of care until the transition is completed. OLR) Accepted 05/06/2026Please provide a detailed explanation of how this ineligible admission occurred, and how it will be prevented moving forward.	5/3/2026

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12VAC35-46-765. H. (1b) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1b. The resident's progress toward meeting individualized service plan objectives;	N	Beloved safe haven This regulation was NOT MET as evidenced by: A comprehensive discharge summary must be completed within 30 days of discharge and include a review of the resident's progress toward individualized service plan objectives. A review of records indicated that the discharge summary for Individual #1 did not include the Individual's goals and objectives, which are necessary to support continuity of care.	PR) 05/04/2026 Staff oversight, as the employee completing the summary did not verify the goals section against the resident's active ISP. The facility reviewed Individual #1's discharge documentation and confirmed that the summary did not include the required review of ISP goals and objectives. A corrected discharge summary was completed and placed in the resident's file, including a full review of progress toward each individualized service plan objective. The placing agency/guardian was notified that the discharge summary has been updated to meet regulatory requirements. OLR) Accepted 05/06/2026Please provide a detailed explanation regarding why structured activities were not implemented as expected during the identified timeframe. The response should clarify the factors that contributed to the lack of structured programming for the individuals, including any staffing challenges, scheduling gaps, or programmatic barriers.	5/3/2026

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12VAC35-46-800. B. - There shall be evidence of a structured daily routine designed to ensure the delivery of program services.	N	Beloved safe haven This regulation was NOT MET as evidenced by: There shall be evidence of a structured daily routine to ensure the delivery of program services. At the time of the inspection, individuals in the home did not have structured daily activities, as they were not enrolled in school and/or were awaiting placement to begin classes.	PR) 05/04/2026 Pending school placement decisions, which delayed the ability to build a consistent daytime schedule. Along with staff oversight, as the team did not recognize the need to implement a formalized daily schedule even when school enrollment was pending. A temporary structured daily schedule was implemented immediately for all individuals not yet enrolled in school. This schedule includes academic enrichment, life-skills activities, therapeutic groups, recreation, and quiet time. Staff were instructed to follow and document the schedule daily to ensure consistent programming. The facility contacted the school district and placing agencies to expedite enrollment and placement for all affected individuals. OLR) Accepted 05/06/2026Please provide a detailed explanation regarding why structured activities were not implemented as expected during the identified timeframe. The response should clarify the factors that contributed to the lack of structured programming for the individuals, including any staffing challenges, scheduling gaps, or programmatic barriers.	5/3/2026

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General Comments / Recommendations:
The use of white-out in records should be avoided. Corrections should be made with a single line through the error, initialed and dated (as noted on the Orientation Acknowledgment form dated 3/9/2026).

A minimum of two staff members should be on duty at all times to ensure adequate supervision and support.

It is recommended that Risk Management implement a tracking spreadsheet to monitor and document incidents effectively.

Additional staff should be trained in medication management to ensure adequate coverage beyond the current two staff that are trained.

All sections of required templates should be fully completed; forms should not contain blank fields.

Case notes should consistently reflect and align with the objectives outlined in the Individualized Service Plan (ISP) to support staff in maintaining focus on established goals.

Please respond to the CAP on or before the due date. If you should have any questions or require further assistant, please contact me via CONNECT or at 804-393-0663.

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