DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-15-2026**
Program Type/Facility Name: **14-008 Beloved safe haven**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Beloved safe haven This regulation was NOT MET as evidenced by: See OHR citations below.		7/31/2026
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Beloved safe haven This regulation was NOT MET as evidenced by: "Neglect means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A20260004, 20260005, 20260006, 20260007; the provider's investigation includes staff admission and eyewitness statements which revealed that Employee #1 did not provide adequate supervision while out at a local facility with Individual #1, Individual #2, Individual #3, and Individual #4 resulting in the Individuals	PR) 08/17/2026 **1. Staff Accountability & Immediate Intervention** A Process of disciplinary action for Employee #1 in accordance with agency HR policy regarding severe safety breaches and failure to protect individuals from harm. Shift Suspension: Employee #1 was removed from solo community outings until intensive remediation and active-supervision competencies are completed and documented. **2. Policy & Operational Adjustments** Individualized Service Plan (ISP) Reviews: Re-evaluate and amend the safety, risk management, and elopement protocols for	7/31/2026

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		to leave the facility without permission. Based on the investigative findings of the provider, there is a preponderance of evidence to support the Advocate's substantiated finding of neglect.	Individual #1, #2, #3, and #4 to account for community-based environments. Supervision Ratios: Revise the community outing policy to establish clear, mandatory staff-to-individual ratios based on collective elopement risk levels rather than baseline facility ratios. Pre-Trip Authorization: Implement a mandatory pre-trip checklist that requires supervisors to verify staff competency, review community environmental layouts, and establish emergency tracking protocols before departing the home facility. **3. Quality Assurance & Ongoing Monitoring** Staff Re-Training: Conduct mandatory, interactive training for all program staff focusing on the DBHDS definition of neglect, community scanning techniques, and elopement prevention. Unannounced Field Audits: Mandate that Quality Assurance (QA) or program managers perform random, unannounced site checks during community excursions over the next 90 days to verify proper supervision compliance. **An investigation into why these controls were not active prior to the incident reveals several systemic and behavioral breakdowns:** Employee #1 likely treated the community outing with the same structural assumptions as the controlled home facility, underestimating the dynamic environmental stimuli, layout hazards, and exit paths of the local facility. Lack of Collective Risk Assessment: While individual risk assessments may have existed for each person independently, the agency failed to	

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			analyze the cumulative risk of one single staff member supervising four distinct individuals simultaneously in an uncontained public environment. Deficiencies in Active Supervision Training: Existing onboarding training may have defined "supervision" statically (e.g., being present in the same room) rather than dynamically (e.g., active scanning, maintaining line of sight, and anticipating elopement cues in public spaces). Absence of a Pre-Trip Cleared Protocol: The agency lacked a structured gatekeeping mechanism or checklist. Without a formal policy requiring management to sign off on specific staff-to-individual assignments prior to community departures, the high-risk configuration went unnoticed until the failure occurred. OHR/OLR) Accepted 08/19/2026	

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General Comments / Recommendations:

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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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