

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 1

Investigation ID: 262

License #: 142-04-005

Organization Name: Virginia Commonwealth University Health System Authority

Date of Inspection: 06-28-2024

Program Type/Facility Name: 04-005 VTCC Inpatient Unit

No Violation

General Comments / Recommendations:

LS referred to OHR.

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