DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **15470-14-008**
Organization Name: **Changing Lives**

Date of Inspection: **04-29-2026**
Program Type/Facility Name: **14-008 Najai's House 2**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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	Najai's House 2 This regulation was NOT MET as evidenced by: Upon LS' entrance to the front porch, the provider failed to keep the location safe and properly maintained in good working order. The right porch railing was disconnected from the railing post which made the rail unsafe. The staff was unable to lock the front screen door to allow entrance into the home. There appeared to be an issue with the door locking mechanism not unlocking. Please provide documentation that shows that both the porch railing and door lock has been repaired and is in good working order, as part of the corrective action.	PR) 05/05/2026 The screen door lock was jammed, the lock was loosened so that it can open and close without rejamming. The rail on the porch had the right side of the rail panel pop off. The rail has been secured with materials that will prevent the rail from popping back off. House Manager will perform a daily walk through to identify any hazardous items inside and outside of the home. The Supervisor will perform a weekly walk through to confirm what has been identified and then a report will be compiled and sent to the program director by the following Monday. For any items that can't be repaired by the Owner of the program, the Owner will reach out to maintenance and have the items repaired within 48 hours to 7 days depending on the severity of the hazardous items. These items were repaired on April 29, 2026. OLR) Accepted 05/06/2026	5/5/2026

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General Comments / Recommendations:
Please review the licensing report and respond with the corrective action by the due date.

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.

Tina Williams, Licensing Specialist	(Signature of Organization Representative)	Date

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