

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

Page: 1 of 2

Investigation ID: 70

License #: 1953-14-001

Organization Name: Youth For Tomorrow

Date of Inspection: 09-01-2026

Program Type/Facility Name: 14-001 Hazel Circle Drive

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-940. A. - The provider shall develop and implement written policies and procedures for behavioral interventions and consistent with the requirements of 12VAC35-115. Minimum provisions shall include rules of conduct and methods for documenting and monitoring the management of resident behavior.	N	Hazel Circle Drive This regulation was NOT MET as evidenced by: Employee #2 failed to follow YFT's crisis intervention training on 8/14/2026 when I#1 pulled E#2's hair and E#2 responded by swinging her arm and hitting I#1 in the torso area not using approved physical intervention strategy. The available seven-minute video footage of the incident confirms the strike. In addition, E#2 overreacted and escalated the situation by pursuing I#1 to her room and engaging in a unnecessary physical manner when I#1 was clearly in retreat and there were no concerns of health and safety requiring physical intervention.	PR) 09/28/2026 1.) Provider will implement additional training opportunities for direct care staff to include mock crises, role-play scenarios, and competency-based practice sessions to improve staff preparedness, response effectiveness, and compliance with established behavior management protocols. Completion Date: 12-1-2026 2.) Provider will conduct a mandatory meeting with all direct care staff to review expectations regarding appropriate conduct while on shift and when engaging with youth in care. Staff will be reminded of professional boundaries, ethical responsibilities, and behavior expectations to ensure a safe and supportive environment for youth. Completion Date: 11-1-2026 3.) The employee was terminated from her position on August 17, 2026, as a result of the conduct she displayed while on shift with a resident on August 14, 2026. Following a review of the incident, the provider determined that the employee's actions were inconsistent with the organization's expectations, policies, and standards of care, resulting in the termination of her employment. OLR) Accepted 09/28/2026	12/1/2026

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General Comments / Recommendations: Please provide a detailed response to the incident and corrective action.				
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.				
_____ Christopher Cart, Licensing Specialist		_____ (Signature of Organization Representative)		_____ Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				