DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3208-14-008**
Organization Name: **SAFE HAVEN TRANSITIONAL YOUTH SERVICES, LLC**

Date of Inspection: **12-28-2023**
Program Type/Facility Name: **14-008 Safe Haven Transitional Youth**

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	Safe Haven Transitional Youth This regulation was NOT MET as evidenced by: See OHR citation.		
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting	N	Safe Haven Transitional Youth This regulation was NOT MET as evidenced by: Upon review of the CHRIS entry A-20230001 the provider failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. • The investigative findings were due on **10/6/2023**; however, Per the Advocate's review on 12/28/2023, the investigation results have not been entered into the Department's web-based reporting system (CHRIS).	PR) 01/22/2024 SHTYS understands the severity and importance of reporting serious incidents, allegations of neglect and/or abuse. Safe Haven considers itself in alliance with Human Rights and also is totally in compliance with Human Rights laws and Policies. We take full responsibility for this violation and mishap. We know that we had certain job duty changes and vacancies to deal with at the time of reporting, but we even further understand that the process cannot be mishandled, deterred and/or left undone. We, here at SHTYS have put together a plan to ensure that this never occurs again. The main culprit toward our non-compliance deals with sole responsibility lying on one individual without a secondary person being privy. Although, as newly appointed Program Director, I would be the Human Rights Advocate	1/24/2024

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application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;			and Reporter for this establishment; we have created a form of checks and balances in which the newly appointed Case Manager will go into CHRIS and be sure that I have inputted the information correctly within the called for time restraints. I feel that the biggest antagonist that we experienced reporting lies within the amount of privy administrators being aware. Although I was aware of the incident that occurred and I was knowledgeable of the need to report, I did not know enough of the status of the report. I also did not know where to report, why and exactly how. For this reason, we have made arrangements for both the program director and case manager to have accounts with DBHDS. If there is the need for replacement or the thoughts of following up. The accountability partnership between these two will be sure to complete the process. Both Director and Case Manager took the January 11th training with Mr. Alonzo Riggins and both are set for the next training. Our Program Director and Case Manager are aware of the need to report any allegations of abuse, neglect and exploitation within the 24 hour window. Also, any medication errors where the client received the wrong dosage, the wrong medication, and/or did not receive medication needs to be reported as well. It is further understood that results of the investigation need to be reported within 10 business days of initial report. OHR/OLR) Accepted 02/07/2024	

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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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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