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: **05-22-2025**
Program Type/Facility Name: **14-008 Safe Haven Transitional Youth**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Safe Haven Transitional Youth This regulation was NOT MET as evidenced by: At the time of the inspection, the record for Individual #3 had documentation that the Individual had eloped from school, but did not return to the group home for over 48 hours, which would be considered elopement/runaway. The provider reported this to the case manager as required, but the incident was never reported to the department as required for a licensed provider.	PR) 06/17/2025 All employees of Safe Haven Transitional Youth Services will be scheduled to attend training on July 16, 2025, at 6:00pm at Safe Haven Transitional Youth Services. The focus on this training will be to educate all employees on Policy and Procedures as it relates to the levels of serious incidents and how and when to report in Chris reporting system. The training will also include the rules and regulations for providers as it relates to reporting of Serious incidents. OLR) Accepted 06/17/2025	7/18/2025

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General Comments / Recommendations:
Please respond 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.

Christie Wilson, Licensing Specialist	(Signature of Organization Representative)	Date

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