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

Date of Inspection: **10-27-2025**
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.	NS	Safe Haven Transitional Youth This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20250001 Date/Time of Discover: 10/05/2025 7:30AM Enter Date/Time: 10/10/2025 3:41PM Reporting Delay: 104:11:00 Location Name: Safe Haven Transitional Youth Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting • The first citation was issued on 5/23/25 and is now non-compliant.	PR) 11/14/2025 Good morning, I would like to dispute this CAP. OLR) Partially Accepted 12/02/2025 the provider response needs to include the following: 1. Please put the CAP response in the Actions To Be Taken section of the CAP Response screen in CONNECT. We cannot accept the cap response with your CAP response uploaded as a document. This functionality is reserved for submitting supporting documentation to your CAP response. Please remove any actual names if indicated in your response. Instead, use only staff by title within your CAP responses. 2. Upload any and all documentation supporting the reason for the dispute. 3. Provider is reminded that once an incident is saved in CHRIS a time stamp is generated with the date and time the report is saved. This is the Date/Time Licensing Notification field located at the end of the report. The date of completion is not used to determine when the report was submitted to the Office of Licensing (OL) through the CHRIS system. While not realizing the report was saved in CHRIS is unfortunate, it is not a valid reason to excuse the late report as it is the responsibility of the organization to ensure the report is entered and saved. If no documentation exists, please consider responding to the citation with the information identified below instead of	11/28/2025

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			disputing the citation. Response Information Requested • Please How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. • Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. • Staff by title responsible for monitoring process implemented to ensure timely data entry of Level II and Level III incidents into CHRIS. This role should be someone other than the person who is responsible for entering the data in CHRIS where possible. • Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 12/05/2025 A delay occurred in the reporting and entry of Level II and Level III incidents into the CHRIS system, exceeding the required 24-hour timeframe. An internal review determined that gaps in workflow and oversight contributed to the late reporting. In response, a formal corrective-action meeting was conducted with the Program Director, Administrative Assistant, and Owner.	

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			During this meeting, the team reviewed the incident and identified procedural weaknesses, developed additional safeguards, and clarified roles and responsibilities to ensure timely and accurate CHRIS entry. These changes resulted in immediate revisions to agency processes and procedures. Effective immediately, the Program Director is responsible for initially entering all Level II and Level III incidents into CHRIS. Once entered, the Administrative Assistant must document the date of occurrence along with the date and time the incident was entered and saved in CHRIS, recording this information in the agency's "Serious Incident Documentation" tracking sheet. The Owner will conduct a verification check 12 hours before the 24-hour reporting deadline to ensure that the incident has been entered and saved. If an incident is not entered by that checkpoint, the Owner will direct immediate correction and notify the Program Director. To strengthen reporting capacity and prevent delays, an additional staff member-along with the Owner and Program Director-will attend CHRIS Reporting Training on December 11, 2025, to ensure consistent application of DBHDS reporting standards. Roles have been clearly defined to support these corrective measures. The Program Director now serves as the primary staff responsible for initially entering all Level II and III incidents into CHRIS, while the Administrative Assistant maintains and updates the "Serious Incident Documentation" tracking sheet. The Owner acts as the primary monitor by conducting pre-deadline CHRIS checks, ensuring compliance with the 24-hour requirement, and performing monthly audits to compare internal documentation with CHRIS entries. The Program	

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			Director also provides ongoing secondary oversight by reviewing the tracking sheet weekly, supporting quality-assurance efforts, and reinforcing procedural compliance at the program level. Monitoring processes include daily updates to the tracking sheet whenever an incident occurs, mandatory Owner checks 12 hours before deadlines, weekly Program Director oversight of tracking documentation, and monthly cross-checks for accuracy. Incident-reporting compliance is further reviewed during quarterly leadership and quality-assurance meetings, where trends, barriers, and needed improvements are documented and addressed. The implementation of these corrective actions is expected to strengthen accountability through the separation of duties and multi-tier monitoring, while reducing the risk of late reporting by incorporating proactive verification steps and expanding staff trained in CHRIS reporting. All corrective actions outlined in this report will remain in effect permanently, and the agency will continue to review and refine reporting procedures to ensure ongoing compliance with DBHDS requirements and organizational quality standards. Effective 12/05/2025. Thank you for your time devoted to this matter. Also, can you explain what "OLR partially accepted" means? OLR) Accepted 12/10/2025	

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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