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: **02-04-2026**
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: 20260001 Date/Time of Discover: 01/12/2026 10:30AM Enter Date/Time: 01/16/2026 4:07PM Reporting Delay: 77:37:00 Location Name: Safe Haven Transitional Youth Based upon the rolling year (February 6, 2025 – February 5, 2026) for (14-008) this is the Third Step in the Progressive Citation Process for violation of 12VAC35-46-1070.C. • The first citation issued on 5/23/25 is now considered non-compliant. • The second citation issued on 10/27/25 is now considered non-compliant systemic. Per the Guidance on Incident Reporting Requirements, you are being required to attest to reviewing ALL CHRIS Training and guidance documents located on the DBHDS website as indicated by a check mark on the attestation form. Resolution to this licensing report requires two actions. The first action is to submit an acceptable licensing report response. The second is to include the signed attestation form(s) for each individual within the organization who is required by you to receive training and to review guidance documents as attachments with the licensing report response. Both Items are due no later than the due date of 3/4/26. If the provider does not submit attestation(s) to confirm completion of required trainings and document reviews as indicated on the form, the provider may incur negative actions. The links for the trainings and guidance documents are listed in the	PR) 02/19/2026 This response is submitted regarding the violation of 12VAC35-46-1070.C, which requires providers to 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. Based on the rolling year period of February 6, 2025 through February 5, 2026, citation (14-008) represents the third step in the Progressive Citation Process for this regulation. The first citation issued on May 23, 2025, is now considered non-compliant, and the second citation issued on October 27, 2025, is considered non-compliant systemic. Safe Haven Transitional Youth Services has experienced an increase in incidents involving youth leaving the group home without permission and not returning. Over the past six months, several of these incidents were reported into the CHRIS Reporting System. As a result, Safe Haven received multiple citations for late reporting. Upon receiving these citations, Safe Haven worked diligently with both the Office of Human Rights (OHR) and the Office of Licensure to identify and understand the point at which the reporting error occurred. After completing the required training related to the systemic violation of 12VAC35-46-1070.C, and through direct communication with both offices, I discovered that incidents classified as Level II require notification to both OHR and the Office of Licensure. My error occurred because reports were submitted to OHR only, and not concurrently to the Office of Licensure. Once this oversight was identified, I immediately corrected the reporting process; however, the reports were already considered late from the Office of Licensure's perspective. I acknowledge this error	2/19/2026

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		attached attestation form.	and take responsibility for the delay in proper notification. At this time, I am fully informed of the correct reporting requirements and have implemented procedures to ensure that all future incidents are reported accurately, to all required parties, and within the mandated time frames. Safe Haven Transitional Youth Services remains committed to compliance, transparency, and continuous improvement to ensure the health, safety, and welfare of the youth in our care. OLR) Partially Accepted 02/26/2026 In addition to the above, the provider response needs to include the following: 1. Description of safeguards enacted agency wide to ensure all Level II and Level III are entered into CHRIS within the required timeframe. 2. 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. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 03/02/2026 Attached is my Action Plan for the CAP OLR) Partially Accepted 03/06/2026 In addition to the above, the provider response needs to include the following:	

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			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. Please ensure there is no PHI the Actions to be taken section. PR) 03/09/2026 Safe Haven Transitional Youth Services has experienced an increase in incidents involving youth leaving the group home without permission and not returning. Over the past six months, several of these incidents were entered into the CHRIS Reporting System; however, multiple citations were issued due to late reporting. Upon receipt of the citations, Safe Haven engaged in direct communication with the Office of Human Rights and the Office of Licensure to identify and understand where the reporting process failed. Through completion of required training related to the systemic violation of 12VAC35-46-1070.C and consultation with both offices, it was determined that Level II incidents require notification to both agencies. The reporting error occurred because incidents were submitted to the Office of Human Rights only and not concurrently reported to the Office of Licensure. Once this oversight was identified, the reporting process was immediately corrected; however,	

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			the incidents were already considered late from the Office of Licensure's perspective. Safe Haven acknowledges this error and accepts responsibility for the delay in proper notification. The provider is now fully informed of reporting requirements and has implemented agency-wide safeguards to ensure all future Level II and Level III incidents are reported accurately, to all required entities, and within mandated timeframes. Effective immediately, the Program Director is designated as the primary staff member responsible for entering all Level II and Level III incidents into CHRIS, while the Administrative Assistant maintains a centralized "Serious Incident Documentation" tracking sheet documenting the incident date as well as the date and time the report is entered and saved in CHRIS. The Case Manager conducts an immediate post-incident review to confirm proper classification, documentation completeness, and required notifications for incidents involving youth on their caseload and documents this review in the case record, and also performs weekly verification of tracking-sheet accuracy. The Owner serves as the primary compliance monitor by conducting pre-deadline verification checks prior to the 24-hour reporting requirement and completing monthly audits comparing internal documentation with CHRIS entries, and if necessary, making necessary corrections in CHRIS, while the Program Director provides secondary oversight through weekly review of the tracking sheet and reinforcement of reporting procedures. Monitoring includes daily updates to the tracking sheet following any reportable incident, mandatory pre-deadline verification checks, weekly supervisory and case-	

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			management reviews, monthly audits, and quarterly leadership and quality-assurance reviews to identify trends and address barriers. These corrective actions are permanent and are expected to strengthen accountability through separation of duties, enhance proactive monitoring, reduce the risk of late reporting, and ensure ongoing compliance with regulatory requirements while safeguarding the health, safety, and welfare of the youth in care. OLR) Accepted 03/10/2026	

General Comments / Recommendations:
Please be sure to review the Licensing Report Response Guidance in the CAP Issue Letter to aid in the acceptance of your CAP and return the following items no later than March 4,2026.

1. Licensing Report Response
2. Signed Attestation Form(s) for each individual required by you to receive training and to review guidance documents.

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