DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3311-14-008**
Organization Name: **Secure Haven Youth Services, LLC**

Date of Inspection: **03-29-2022**
Program Type/Facility Name: **14-008 Secure Haven Youth Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-660. I. - Entries in a resident's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. If records are electronic, the provider shall develop and implement a policy and procedure to identify how corrections to the record will be made.	NS	Secure Haven Youth Services This regulation was NOT MET as evidenced by: Individual #1's progress notes dated, 2/5/22, 2/12/22, & 2/19/22 were not signed/authenticated by staff.	PR) 04/05/2022 The Case Manager will sign off on all progress notes submitted. The Program Director will ensure that the notes are signed before they are filed in the resident's chart. OLR) Accepted 04/08/2022	3/30/2022
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	N	Secure Haven Youth Services This regulation was NOT MET as evidenced by: Review of Individual #1's record reveals that is is incomplete. The Record # is blank on several CM contact sheets and the ID # is blank on the Emergency Information Form. AND Review of Individual #2's record reveals that is is incomplete. The ID # is blank on Release of Information Form, Record # is blank on CM contact sheets, and the ID # is blank on the Emergency Information Form.	PR) 04/05/2022 The Case Manager and Program Director will ensure that the resident record number is placed on each document in the resident's file for identification and accuracy. OLR) Accepted 04/08/2022	3/30/2022

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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.

Nicole DeStefano	(Signature of Organization Representative)	Date

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