DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-14-2023**
Program Type/Facility Name: **14-008 Secure Haven Youth Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. 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	Secure Haven Youth Services This regulation was NOT MET as evidenced by: CHRIS Number: 20230004 Date/Time of Discover: 02/23/2023 2:30PM Enter Date/Time: 02/25/2023 11:23AM Reporting Delay: 20:53:00 Location Name: Secure Haven Youth Services	PR) 03/14/2023 The non-compliance was created because the Program Director did not know to enter the incident into the CHRIS system within 24 hours. The Program Director did notify the placing agency/legal guardian of the incident within 24 hour time frame and an incident report was filed in the resident's chart. The Case Manager will be trained to serve as a back up person to enter the incidents into the CHRIS portal to ensure the incidents are entered in a timely manner (24 hours) to prevent any future violations. OLR) Partially Accepted 03/24/2023 In addition to the above, the provider response needs to include the following: 1. State how you corrected/will correct the deficient practice in this specific violation. 2. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist). PR) 03/24/2023 The Program Director corrected the deficient by retraining the staff on timely documentation to be entered into the CHRIS system. The Program Director and the Case Manager will review the	3/14/2023

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

Date of Inspection: **03-14-2023**
Program Type/Facility Name: **14-008 Secure Haven Youth Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			incidents as they occur and maintain compliance with the department by reviewing the resident's charts on a weekly basis or when an incident occurs for retraining and compliance r \equirements. OLR) Accepted 03/31/2023	

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