DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-18-2025**
Program Type/Facility Name: **14-008 Lawford House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-250. B. - At the time of hire or residency at the facility, each individual shall submit the results of a tuberculosis screening assessment documenting the absence of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health. The screening assessment shall be no older than 30 days.	N	Lawford House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Employee #1's personnel file found that the TB test was conducted on 6/14/22; however, Employee #1's hire date was 8/21/15. Provider failed to ensure that Employee #1 had a TB screening assessment at the time of hire. Please submit a detailed plan to ensure that future employees receive their TB screening assessment at the time of hire.	PR) 01/20/2026 Employee #1 was hired 10 years ago. The original TB screening at the time of hire was not available to view at the time of inspection. However, this employee's file has been reviewed since then with no violations. TB screenings are conducted within 30 days of the time of hire for all employees. The Program Director will ensure that each employee's TB screening is available to review when requested. OLR) Accepted 05/22/2026	1/20/2026

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Program Type/Facility Name: **14-008 Lawford House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-625. B. - Each provider shall have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident.	N	Lawford House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1 and Individual #2's records found no evidence of the evaluation or assessment of their mental health needs. Provider failed to ensure that Individual #1 and Individual #2's have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident. Please submit a detailed plan to ensure that future individuals' have formal arrangements for the evaluation, assessment, and treatment of the mental health or brain injury needs of the resident.	PR) 01/20/2026 Dispute violation. Each resident receives formal arrangements for the evaluation, assessment, and treatment of the mental health needs at the time of admission. This form is added to the Application for Admission and placed in the resident's chart. OLR) Not Accepted 05/21/2026Citation Upheld. Please respond to CAP. PR) 05/25/2026 The LCSW who meets with the resident has provided a formal arrangements for the mental health evaluation, assessment, and treatment of the mental health at the time of admission. The LCSW provides and ongoing evaluation and assessment of treatment weekly during the individual therapy sessions with each client. The forms are documented in each resident's medical chart. The Program Director and LCSW will perform formal evaluation, assessment, and treatment of the resident's mental health at the time of admission. OLR) Accepted 05/27/2026	1/20/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. A. - Each child accepted for care shall have a physical examination by or under the direction of a licensed physician no earlier than 90 days prior to admission to the facility or no later than seven days following admission, except (i) the report of an examination within the preceding 12 months shall be acceptable if a child transfers from one residential facility licensed or certified by a state agency to another; and (ii) a physical examination shall be conducted within 30 days following an emergency admission if a report of physical examination is not available.	N	Lawford House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #2's record found that their physical examination was completed 11/21/24; however, their date of admission was 9/3/24. Provider failed to ensure that Individual #1 had a physical examination completed no earlier than 90 days prior to admission and no later than seven days following admission. Please submit a detailed plan to ensure that future individuals have physical examinations completed no earlier than 90 days prior to admission and no later than seven days following admission.	PR) 01/20/2026 The Case Manager was not able to get an appointment for a physical at the time of admission and there were no treatment providers accepting new patients or Medicaid. The Case Manager will try to have physical examinations completed no earlier than 90 days prior to admission and no later than seven days following admission. The Program Director will ensure the physical exam is completed within that timeframe and the physical exam report is placed in the resident's medical chart. OLR) Accepted 05/22/2026	1/20/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. B. - Within seven days of placement, each resident shall have had a screening assessment for tuberculosis as evidenced by the completion of a screening form containing, at a minimum, the elements found on the Report of Tuberculosis Screening form published by the Virginia Department of Health. The screening assessment may be no older than 30 days.	N	Lawford House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's record found that the TB screening was completed on 5/14/25; however, their date of admission was 4/25/25. Individual #2's record found that their TB screening was completed 11/21/24 with their admission date being 9/3/24. Provider failed to ensure that Individual #1 and Individual #2 had tuberculosis screenings completed within seven days of placement. Please submit a detailed plan to ensure that future individuals receive their tuberculosis screenings within seven days of placement.	PR) 01/20/2026 The Case Manager will ensure that TB screening will be completed within 7 days of admission. The Program Director will check each resident's chart to ensure the TB screening was completed and a copy of the results are placed in the resident's medical chart. OLR) Accepted 05/22/2026	1/20/2026

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.

Lauren Faszewski, Licensing Specialist | (Signature of Organization Representative) | Date

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