DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **5**
License #: **3311-14-009**
Organization Name: **Secure Haven Youth Services, LLC**

Date of Inspection: **11-06-2023**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. A. (1) - Within 30 days of admission, the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behavior;	N	Liberty House This regulation was NOT MET as evidenced by: Upon review of documents that were provided for Individual #1, in reference to behavioral support, within 30 days of admission the provider shall develop and implement a written behavior support plan that allows the resident to self-manage his or her own behaviors. Each individualized behavior support plan shall include: 1. Identification of positive and problem behavior. The Behavior Intervention Plan for Individual #1 did not list as problem behaviors four of the behaviors (including a history of absent without permission) listed under suitability for admission on the Application for Admission for Individual #1.	PR) 01/29/2024 The Program Director will insure the Individualized Behavior Support Plan to allow the resident to self manage his own behaviors within 30 days of admission. The Behavior Support Plan will identify positive and problem behaviors and triggers to prevent any problem behaviors. OLR) Accepted 02/02/2024	1/29/2024

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.

Likisha Frazier, Regional Manager | (Signature of Organization Representative) | Date

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