DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **6**
License #: **3311-14-009**
Organization Name: **Secure Haven Youth Services, LLC**

Date of Inspection: **03-09-2026**
Program Type/Facility Name: **14-009 Liberty House**

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	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's records found that the individual did not receive a physical examination until 2/26/25 despite an admission date of 1/9/25. Provider failed to ensure that Individual #1 had 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. Please submit a detailed plan to ensure that future individuals 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.	PR) 05/25/2026 The Case Manager will ensure that each resident will have a physical exam within 7 days of admission. The Program Director will ensure that the physical exam is documented on the Documentation of Healthcare form and the resident is classified as a well child. OLR) Accepted 05/27/2026	5/25/2026

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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	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's records found that the individual did not receive a screening assessment for tuberculosis until 2/26/25 despite an admission date of 1/9/25. Provider failed to ensure that Individual #1 had a screening assessment for tuberculosis within seven days of placement. Please submit a detailed plan to ensure that future individuals have a screening assessment for tuberculosis within seven days of placement.	PR) 05/25/2026 The Case Manager will ensure that a TB screening is done within 7 days of admission. The Program Director will inspect the resident's medical file to ensure that the TB screening was completed in the allotted timeframe and the documentation of healthcare and evidence that the resident is free of communicable diseases and the document is filed in the resident's medical file. OLR) Accepted 05/27/2026	5/25/2026

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12VAC35-46-840. I. - Each resident's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.	N	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's records found no evidence of treatment summaries of ongoing psychiatric or other mental health treatment and reports. Provider failed to ensure that Individual #1's records documented the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports. Please submit a detailed plan to ensure that future individuals' records document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.	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	5/25/2026

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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.

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

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