DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-10-2022**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-60. E. - The current license shall be posted at all times in a place conspicuous to the public.	N	Liberty House This regulation was NOT MET as evidenced by: Provider contacted OL to request a copy of their active license due to the provider not having access to provider portal to download the license directly, however, the provider was given access in November 2021. Additionally, the provider did not have their current license posted since 12/17/21. The provider was also given resources to contact in order to access to portal on 12/6/21, 12/10/21, 12/15/21, and 12/16/21. Provider was made aware on these dates that all business will be conducted through the portal and that it is the responsibility of the provider to gain access to the portal.	PR) 02/02/2022 The Program Director will ensure that all repairs will be completed at the time of damage. The rug leading to the top of the stairs was repaired to prevent any hazard. The heat/cooling vent was replaced and painted. The door to the bathroom was replaced. OLR) Not Accepted 02/02/2022 Provider did not address the current citation "The current license shall be posted at all times in a place conspicuous to the public." Please address this citation with how the provider will fix this issue, including the longevity for future compliance, what position is responsible for this action, and by when it will be completed. PR) 03/03/2022 The Program Director received a copy of the license from the CONNECT portal and posted the license in the group home that is visible to the public. In the future, the Program Director will ensure that the license are posted at all times and visible to the public. OLR) Accepted 03/04/2022	1/10/2022

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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