DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-03-2022**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-80. D. - The provider shall submit the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a threat to the health, safety, or welfare of residents.	N	Liberty House This regulation was NOT MET as evidenced by: Provider was issued a Licensing report fro inspection 1/10/22, for not having license posted in compliance with regulation 60 E, which was due on 2/2/22. The provider responded on 2/2/22, however, the provider did not address the citation directly and the action to be taken was NOT ACCEPTED, "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." The provider had a new due date of 2/16/22, however, as of 3/3/22 the provider has not submitted the CAP. Please submit CAP immediately to address citation.	PR) 03/29/2022 The Program Director posted the license that was issued. The Progam Director will ensure that the license is posted for the public to see. OLR) Accepted 03/29/2022	12/16/2021

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General Comments / Recommendations:
Please submit the CAP immediately for review and to be in compliance.

Please identify the actions taken to be within compliance now and in future, positions responsible for ensuring that the action is within compliance, and by when it will be completed.

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