DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-12-2023**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. 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: Upon review of the files for Individual #1 and Individual #2, there was no proof that either individual 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 within seven days of placement. The screening assessment may be no older than 30 days. For Individual #1, the Pediatric TB Assessment in Individual #1's file is older than 30 days. For Individual #2, there is not a screening assessment in the file.	PR) 01/10/2024 The Program Director will ensure that all residents will receive a TB screening within 7 days of admission and the test shall be no older than 30 days from the date of admission. Individual #2 was screened for an assessment and was found free from tuberculosis. The assessment was placed in his medical resident record. OLR) Accepted 01/22/2024	1/9/2024

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