DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-09-2024**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	N	Liberty House This regulation was NOT MET as evidenced by: At the time of inspection, an inspection of the physical plant found multiple cans of paint and paint supplies as well as a bottle of motor oil kept in the kitchen cabinets. In the upstairs bathroom connected to the shared bedroom, the toilet bowl was brown and degraded and the shower mat and shower interior were mildewed. All the bathrooms in the home were generally unclean. The upstairs hall bathroom sink had a drainage issue, and the handle was missing on the faucet. The kitchen counters and cabinets were unclean and sticky with oily residue. The oven interior was not clean and was covered in old food particles. The indicator light on the stovetop was flickering. The floors in all areas of the house were dirty and the sofas in the living room were in obvious disrepair. Provider failed to ensure that the interior and exterior of all buildings were safe, properly maintained, clean, and in good working order. Please submit a detailed plan to ensure that the interior and exterior of all buildings are safe, properly maintained, clean, and in good working order.	PR) 02/27/2025 The provider had the interior and exterior of the house was cleaned and in good working order. The house was cleaned and the paint cans were removed to the outside shed. The drain was fixed and the faucet handle was replaced. The kitchen countertops were wiped down and sanitized. The provider will ensure that the interior and exterior of the house will remain clean and weekly checks will be conducted to ensure that the exterior and interior is clean and in good working order. OLR) Accepted 03/19/2025	2/27/2025

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12VAC35-46-610. A. - All buildings shall be well ventilated and free of stale, musty, or foul odors.	N	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, an inspection of the physical plant found that all the bathrooms smelled of fecal matter and other waste. Provider failed to ensure that all buildings were free of stale, musty, or foul odors. Please submit a detailed plan to ensure that all buildings are free of stale, musty, or foul odors.	PR) 02/27/2025 The provider will ensure the bathrooms are cleaned daily and free of stale and musty orders. OLR) Accepted 03/19/2025	2/27/2025
12VAC35-46-750. B. (3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;	N	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's record found that multiple objectives in the ISP were not measurable. For example, Goal A Objective #2, Goal B Objective #2, and Goal D Objective #1. Provider failed to ensure that Individual #1's ISP had measurable objectives. Please submit a detailed plan to ensure that future individuals' ISPs have measurable objectives.	PR) 02/27/2025 The provider will update the ISP to ensure the objectives are measurable. OLR) Partially Accepted 03/19/2025 Please include a plan regarding retraining staff on writing ISPs, including measurable objectives. PR) 04/18/2025 The CEO will ensure the Program Director is trained on the the wording of the ISP to ensure that all future ISP have measurable objectives towards the individual's progress. OLR) Accepted 05/12/2025	2/27/2025

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12VAC35-46-750. E. (1) - There shall be a documented quarterly review of each resident's progress 60 days following the initial individualized service plan and within each 90 -day period thereafter that shall report the: 1. Resident's progress toward meeting the plan's objectives;	N	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's record found that the objectives in the quarterly were different from those in the ISP, making it impossible to track Individual #1's progress towards meeting the plan's objectives. For example, Goal C Objective 1 in the ISP stated: "Individual #1 will follow the rules in the program and school 100% of the time" while corresponding objective in the quarterly report, Goal 3 Treatment Objective, stated: "Individual #1 will physically attend school from 7:40 to 2:30 M-F at Dominion Academy Richmond." Provider failed to ensure that Individual #1's objectives in their ISP were maintained in the quarterly reports in order to track their progress towards meeting the plan's objectives. Please submit a detailed plan to ensure that future individuals' quarterly reports track the individuals' progress towards meeting the ISP's objectives.	PR) 02/27/2025 The Case Manager will ensure the ISP and quarterly reports are maintained in order to track the resident's progress. The ISP and the quarterly reports will match the ongoing language in order to show how the objectives are being met. OLR) Partially Accepted 03/19/2025 Please include a plan regarding regular record auditing as part of overall quality assurance. PR) 04/18/2025 The CEO will ensure the the Program Director is trained on writing the service plan so that the goals and objectives are measurable and that the quarterly reports tracks the individual's progress toward meeting the ISP objectives. OLR) Accepted 05/12/2025	2/27/2025

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12VAC35-46-750. F. - Each plan and quarterly progress report shall include the date it was developed and the signature of the person who developed it.	N	Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of Individual #1's record found that the 09/26/24 quarterly report was unsigned by the person who developed it. Provider failed to ensure that Individual #1's quarterly report was signed by the person who developed it. Please submit a detailed plan to ensure that future individuals' quarterly reports are signed by the person who developed them.	PR) 02/27/2025 Corrected on sight. The provider will ensure that the quarterly reports are signed by the person who developed it and placed in the resident's file. OLR) Accepted 03/19/2025	2/27/2025
12VAC35-46-80. B. - The provider shall submit to the department and implement a written corrective action plan for each regulation for which the provider is found to be in noncompliance.	N	Liberty House This regulation was NOT MET as evidenced by: Upon review of the documents, it was discovered that the provider had been previously cited for not having a screening assessment for tuberculosis for each resident within seven days of placement; The provider did not show proof that the provider's approved CAP related to 840.B from December 27, 2023 was implemented and monitored. Previously cited on December 27, 2023.	PR) 02/27/2025 At the time of the inspection the document was not in the file. The provider will ensure the document will be in the file. The TB screening was completed on 01/09/2024. The Case Manager will ensure that all residents will receive a TB screening within 7 days of admission. The Program Director will follow up to ensure that this task is done. OLR) Accepted 03/19/2025	12/30/2024

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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 inspection, a review of Individual #2's record found that they did not have a physical examination completed within 7 days of placement. Provider failed to ensure that Individual #2 had a physical examination completed within 7 days of placement. Please submit a detailed plan to ensure that future individuals' have physical examinations within 7 days of placement.	PR) 02/27/2025 At the time of the inspection the individual #2 did not have a physical examination completed within 7 days of placement. A physical exam was completed and a record was placed in the resident's file. The provider will ensure that a physical exam is completed within 7 days of placement. OLR) Accepted 03/19/2025	2/27/2025

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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.	NS	Liberty House This regulation was NOT MET (SYSTEMIC) as evidenced by: At the time of inspection, a review of Individual #1's record found no evidence of a TB screening within 30 days of admission. Provider failed to ensure that Individual #1's record had evidence of a TB screening within 30 days of admission. Please submit a detailed plan to ensure that future individuals' have TB screenings within 30 days of admission. Previously cited on December 27, 2023.	PR) 02/27/2025 At the time of the inspection the TB screening was not in the resident's file. The provider will ensure the document will be in the file. The TB screening was completed on 01/09/2024. OLR) Accepted 03/19/2025	2/27/2025
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	**HEALTH AND SAFETY VIOLATION** Liberty House This regulation was NOT MET as evidenced by: At the time of the inspection, a review of the medication bubble packs for Individual #1 and Individual #2 found multiple discrepancies. When reviewing the 11/15/24 bubble pack for Medication #1, doses for 1-10 had been removed as well as 28, 29, and 30. For the bubble dispensed on 12/15/24, dose 1 had been removed. It was unclear what doses from the bubble pack corresponded with what dates on the medication administration record. Additionally, none of the prescribed evening doses for December were recorded on the medication administration record. When reviewing the 11/15/24 bubble pack for Medication	PR) 02/27/2025 At the time of the inspection, the bubble packs that the provider received came from another provider (foster home) and the medication were administered as prescribed. The provider will include the date on the bubble pack when they arrive at the group home. The medication that was missing from the MAR was not included with the medication. The provider will ensure the medication received will match the bubble pack to include the number of pills left in the bubble pack. OLR) Partially Accepted 03/19/2025 Please submit a detailed plan to include retraining staff on proper use of bubble packs, medication administration, and medication record maintenance. Please include a plan	2/27/2025

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		#2, doses for 1-5 had been given 6, 7, 8 were still in bubble pack. This medication was dispensed for 11/15/24. It was unclear what doses from the bubble pack corresponded with what dates on the medication administration record. When reviewing the 10/15/24 bubble pack for Medication #3, doses for 1-8, 16-18, 21-25, and 29-31 had been removed. It was unclear what doses from the bubble pack corresponded with what dates on the medication administration record. When reviewing the 8/30/24 bubble pack for Medication #4, the dose for 9 had been removed. It was unclear what date on the medication administration record the removed dose in the bubble pack. When reviewing the 11/15/24 bubble pack for Medication #5, the doses 1-27 had been removed. It was unclear what doses from the bubble pack corresponded with what dates on the medication administration record. Provider failed to ensure that medication prescribed by a person authorized by law was administered as prescribed. Please submit a detailed plan to ensure that medications prescribed by a person authorized by law is administered as prescribed.	regarding regular quality assurance reviews of medication administration records. PR) 04/18/2025 The CEO will ensure that the staff is trained annually on medication administration. The staff is trained to note the date at the time the bubble packs reach the facility and note it on the bubble pack. The medication will be checked by the Program Director to ensure quality assurance weekly. Staff have been instructed to notify the Case Manager when medication is missing or not delivered. OLR) Accepted 05/12/2025	

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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