DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-13-2025**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
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 Individual #1's record found that Medication #2 had an extra dose of medication. Documentation on Medication #1 indicated that the medications had been started on 5/15/25, meaning at the date of the inspection, there should only have been one dose not two. Additionally, the last dose of Medication #1 was for 6/13/25. Staff explained that a dose had been given from the wrong date in the bubble back, but there was no documentation of this switch. Provider failed to ensure that Individual #1's medication was administered as prescribed. Please submit a detailed plan to ensure that future individual's medications are administered as prescribed.	PR) 07/09/2025 The CEO and staff will ensure that the medication is administered as prescribed. The CEO will do daily checks on each shift to ensure that the medication is administered. OLR) Accepted 07/21/2025	7/9/2025

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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