DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-03-2025**
Program Type/Facility Name: **14-009 Liberty House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Liberty House This regulation was NOT MET as evidenced by: CHRIS Number: 20250001 Date/Time of Discover: 11/15/2025 6:00PM Enter Date/Time: 11/17/2025 12:42PM Reporting Delay: 18:42:00 Location Name: Liberty House	PR) 12/18/2025 The provider will notify the CHRIS system within 24 hours when an SIR is reported. The CAO will ensure the proper documentation is filed in the resident's chart for review. OLR) Partially Accepted 01/07/2026 In addition to the above, the provider response needs to include the following: 1. Provide a statement of the issue that led to non-compliance. 2. State how you corrected/will correct the deficient practice in this specific violation. 3. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will implemented to ensure you remain in compliance of the regulation. 4. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. 5. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:monthly audits, weekly chart reviews, daily checklist). 6. Staff by title who has the primary responsibility to enter incidents into CHRIS. 7. Staff by title who serves as back up to enter incidents into CHRIS when the designated person is unable to do so including nights, weekends, and holidays. PR) 01/08/2026	12/18/2025

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			The issue that lead to non-compliance was due to when the allegation was reported to the Program Director. The Program Director will enter any allegations or complaints into the CHRIS within 24 hours of the complaint and or allegation. The Program Director will check with the staff supervising the residents weekly to ensure that there is no allegations or complaints to report to CHRIS. The person designated to serve as a back up person to provide quality assurance on daily activities to include complaints and or allegations is the Assistant Director and or the Case Manager. OLR) Accepted 01/24/2026	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined