

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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License #: **3439-14-008**

Organization Name: **Threatt Counseling Services, LLC**

Date of Inspection: **02-24-2026**

Program Type/Facility Name: **14-008 Therapeutic Group Home for Girls**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-780. B. - The provision of case management services shall be documented in each resident's record.	N	Therapeutic Group Home for Girls This regulation was NOT MET as evidenced by: At the time of the inspection, the records for Individual #1 and Individual #2 did not show evidence of the case management services and person responsible for that in the records.	PR) 02/24/2026 Corrected on site. The Clinical Director added the case management to the individuals records and documented on the ISP. In the future, the Clinical Director shall ensure that Case Management is added in individuals case records. The program manager is responsible for case management off all residents. OLR) Accepted 02/26/2026	2/24/2026

General Comments / Recommendations:
Please respond by the due date.

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.

Christie Wilson, Licensing Specialist

(Signature of Organization Representative)

Date

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