DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **372-14-008**
Organization Name: **Paramount Youth Services, LLC**

Date of Inspection: **07-16-2025**
Program Type/Facility Name: **14-008 Lafayette House**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Lafayette House This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-175. F. (4) - Additional requirements for complaints involving abuse, neglect, or exploitation: 4. The program director shall ensure that the investigation is conducted by a person trained to do investigations and who is not involved in the issues under investigation.	N	Lafayette House This regulation was NOT MET as evidenced by: Upon review , a request for verification of Trained Investigator Training, the provider failed to produce verification confirming that staff have completed an approved training at the time of the incident.	PR) 08/11/2025 The program director completed the "Investigating Neglect and Abuse" training and obtained a certificate on July 24, 2025. OHR/OLR) Accepted 08/21/2025	7/24/2025

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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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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