DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **3905-14-008**
Organization Name: **Beginning Today Youth Services, LLC**

Date of Inspection: **11-19-2024**
Program Type/Facility Name: **14-008 Beginning Today Youth Services**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	Beginning Today Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 11/19/24, Employee #1 personnel record did not contain evidence of a current, valid QMHP-C registration.	PR) 11/22/2024 On 11/20/2024 Admin visited the Board of Counseling website, entered employee#1's info (name, city, state, zip code). Admin clicked on employee#1's name and printed the license lookup for the QMHP-C license, which will expire June 30, 2025. See attached. OLR) Accepted 11/26/2024	11/20/2024
12VAC35-46-850. E. - A program of medication, including over-the-counter medication, shall be initiated for a resident only when prescribed in writing by a person authorized by law to prescribe medication.	N	Beginning Today Youth Services This regulation was NOT MET as evidenced by: During an unannounced inspection on 11/19/24, Individual #1 and #2 records did not contain evidence of medication orders for medications administered.	PR) 11/25/2024 On 11/22/2024 Admin went to the pharmacy to request copies of med orders for Individual #1 and #2. The pharmacy printed the prescription orders and gave them to the group home Admin. The Admin went the Primary Care Provider and requested copies of the standing order forms for the individuals; it was provided to the Admin. All evidence was placed with each individual's medication administration record (MAR). Go further, each individual's prescription orders and standing order form will be filed monthly with each individual's MAR. See attached evidence. OLR) Accepted 11/26/2024	11/25/2024

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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.

Breanna Goad, Licensing Specialist	(Signature of Organization Representative)	Date

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