DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **4158-14-009**
Organization Name: **Gift of Hope**

Date of Inspection: **12-28-2022**
Program Type/Facility Name: **14-009 Starlight Boys Home**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Starlight Boys Home This regulation was NOT MET as evidenced by:Staff #2 did not have reference checks in their file.	PR) 01/09/2023 Staff member #2 was rehired they left on good terms and was rehire able. Staff member #2 had worked ten years before leaving and returning to work 18 months later. We completed reference checks when he was first hired at Gift of Hope. The reference checks had been archived from his active employee file. OLR) Accepted 01/10/2023	1/9/2023
12VAC35-46-300. B. (7) - The records of each employee shall include: 7. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Starlight Boys Home This regulation was NOT MET as evidenced by: Staff #2 did not have criminal history background investigation letter of eligibility in file.	PR) 01/09/2023 Staff member #2 had completed his Background check and was found to be eligible. The check was completed with Office of Background investigation-criminal Background unit. OLR) Accepted 01/10/2023	1/9/2023

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General Comments / Recommendations:
Please review and return to me, on or before the due date indicated below, with a written plan of corrective action and completion date for each of the deficiencies noted for review. Once completed, then please return your plan with any attachments necessary or noted to me through the Connect Portal.

If you have any questions or concerns about the findings, please let me know.

Donna Cochran

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.

Donna Cochran, Licensing Specialist	(Signature of Organization Representative)	Date

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