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



License #: **4430-14-008**
Organization Name: **Assuage Solutions LLC**

Date of Inspection: **02-20-2024**
Program Type/Facility Name: **14-008 Vick Residential**

# No Violation

**General Comments / Recommendations:**
**Carefully review 12VAC35-46-850 Regulations to ensure Assuage Solutions, LLC is properly following guidelines related to medications. The 850.G Regulations were reviewed at inspection on 2/20/3034.**

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.

| Byron Nagle, Licensing Specialist | (Signature of Organization Representative) | Date |
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C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined