DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **129**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-11-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-320. (2) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers, contractors, and students/interns. These policies and procedures shall include: 2. Frequency of supervision;	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: The provider failed to comply with the provider's own policies regarding prohibiting the use of cell phones by employees in Individual areas. The provider failed to ensure supervision of employees and ensure employees demonstrated the knowledge of expectations to protect, educate, and safeguard the Individuals being served.	PR) 10/02/2023 1.Provide a statement of the issue that led to non-compliance There were reports of staff allowing residents use of their cell phones on the unit; however, this was not able to be substantiated by the Hallmark. 2. Include a plan of action to address systematic changes. Staff will be reeducated on Hallmark's Cell Phone policy. Staff will utilize the online training platform (ISpring) and sign attestation of understanding. Supervisors will round the units ensuring staff are following supervision expectations to protect individuals served to include ensuring staff do not have cell phones. The rounding form to be revised to capture "cell phone" checks. 3. Indicate the frequency for monitoring the plan including how it will be monitored. There will be layers of oversight to "inspect what we expect". The Program Supervisors will conduct supervision rounds on each unit utilizing a documented checklist. The rounds will be completed via in-person observation at a minimum of twice per shift. The Leadership Team will conduct	12/4/2023

Investigation ID: **129**
License #: **5234-14-001**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **07-11-2023**
Program Type/Facility Name: **14-001 Hallmark Youthcare**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			observation rounds via in-person or camera review at a minimum of once per shift, per week, per unit to include nights, weekends, and holidays. 4. Include the position of the person responsible for monitoring the plan of action. Program Supervisors and the members of the Leadership Team OLR) Accepted 10/03/2023	

General Comments / Recommendations:
LS recommends provider review 12VAC35-46-320. Staff supervision for compliance.

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.

Melonie Beatty, Licensing Specialist | (Signature of Organization Representative) | Date

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