DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **16**
License #: **5234-14-002**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **08-28-2024**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. B. (3) - Required annual retraining: 3. All child care staff shall receive annual retraining on the provider's behavior supports and timeout policies and procedures.	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection on 8/28/2024, there was no documented evidence in the personnel record that Staff #1 received annual retraining on the provider's behavior supports policies and procedures. At the time of the inspection, there was no documented evidence in the personnel record that Staff #1 had been trained in Handle with Care since 2/17/2022.	PR) 09/19/2024 **1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.** At the time of the inspection on 8/28/2024, there was no documented evidence in the personnel record that Staff #1 received annual retraining on the provider's behavior supports policies and procedures. At the time of the inspection, there was no documented evidence in the personnel record that Staff #1 had been trained in Handle with Care since 2/17/2022. **2. Include a plan of action to address systematic changes. This may require updating policies, procedures, forms or conducting any needed training or retraining for staff, or other steps that could alleviate the problem in order to minimize the possibility that the violation will occur in the future.** Staff Development and Human Resources completed audit of all employee education files to ensure compliance and documentation with required annual Handle with Care training. Audit was also completed of tacking sheet to ensure it was updated for all active employees and re-certification due date. Additional training dates were added for September 19th, 25th, and 26th. A tracking sheet was posted on shared drive to allow access and additional auditing by Human Resource Director. Staff #1 was immediately removed from schedule. Staff #1 was terminated from employment prior to retraining for an unrelated performance issue.	9/26/2024

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			3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Compliance with required annual trainings will be reported on monthly during performance improvement/scorecard meeting. Direct communication of employees' upcoming required training needs will be provided during the monthly training committee meeting held on the first Thursday of each month for Supervisors/Directors. Continued monthly posting and communication of upcoming training dates and required staff attendance throughout the building and via e-mail. **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** Human Resource Director OLR) Accepted 09/20/2024	

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General Comments / Recommendations:
Please respond to the Licensing Report on or before the due date.
Please include any relevant documents as attachments for proof of action taken, as applicable.
If you have any questions or concerns, please reach out to me directly.
Thank you,
Kelly Murphy
SA/ SUD Licensing Specialist

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.

KellyA Murphy	(Signature of Organization Representative)	Date

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