DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **27**
License #: **5234-14-002**
Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **09-22-2025**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was no documented evidence of a structured program of care designed to provide protection, guidance, and supervision on 7/14/2025 with regards to Resident #1. There was documented evidence that Resident #1 should not have been outside on 7/14/2025, per physician orders and agency protocol, as detailed in the "Residential Handbook for Residents and Parents/Legal guardians."	PR) 10/07/2025 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, there was no documented evidence of a structured program of care designed to provide protection, guidance, and supervision on 7/14/2025 with regards to Resident #1. There was documented evidence that Resident #1 should not have been outside on 7/14/2025, per physician orders and agency protocol, as detailed in the "Residential Handbook for Residents and Parents/Legal guardians." Ensure protocol for courtyard is understood. Written counseling and immediate training for the staff involved. 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 involved received counseling and refresher training. (Refresher addressed active supervision policy expectations, checking precautions prior to groups, and providing alternative for those not eligible.) The 15 minuet check sheets for residents who do not have outside privileges are now on "neon yellow" paper to easily and safely identify those	8/1/2025

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			residents who need alternative activities on the unit/inside the building. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Daily-Nursing and Program staff ensure that residents on building restriction will have their check sheets on "neon yellow" paper 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Nursing and Program staff 5. Enter the Planned Completion Date and the Actions to be Taken in the Response screen. If there are steps in the plan of action that have different planned completion dates, please enter the overall Planned Completion Date on the screen. 8/1/25 OLR) Accepted 10/07/2025	

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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
ASAM 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