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

Date of Inspection: **06-10-2024**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1240. (2) - Before a clinically-managed, low-intensity residential service program may discharge or transfer a child or adolescent, the child or adolescent shall meet the criteria for discharge or transfer as defined by the provider's policies, which shall include provisions for the discharge or transfer of children or adolescents who have: 2. Been unable to achieve the goals of the child's or adolescent's treatment but could achieve the child's or adolescent's goals with a different type of treatment; or	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was not documented evidence that the policy on discharge (Discharge) included provisions for the discharge or transfer of adolescents who have been unable to achieve the goals of the child's or adolescent's treatment but could achieve the child's or adolescent's goals with a different type of treatment.	PR) 07/02/2024 **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, there was not documented evidence that the policy on discharge (Discharge) included provisions for the discharge or transfer of adolescents who have been unable to achieve the goals of the child's or adolescent's treatment but could achieve the child's or adolescent's goals with a different type of treatment. **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.** Review and revise the discharge policy to include provisions for the discharge or transfer of adolescents who have been unable to achieve the goals of the child's or adolescent's treatment but could achieve the child's or adolescent's goals with a different type of treatment. Replace the current policy with the revised version on the "shared drive" where all employees have access to. Communicate that the policy has been revised. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex:**	8/15/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			monthly audits, weekly chart reviews, daily checklist, etc.). Director of Intake and Clinical Director to review and revise the Discharge Policy Ensure the policy is located on the shared drive by "planned completion date" available to all employees **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** Risk Manager/Compliance Liaison OLR) Partially Accepted 07/08/2024 Please submit a shorter period of time for planned completion of this corrective action plan. PR) 07/10/2024 Completion date has been changed to 8/15/24 OLR) Accepted 07/10/2024	
12VAC35-46-1240. (3) - Before a clinically-managed, low-intensity residential service program may discharge or transfer a child or adolescent, the child or adolescent shall meet the criteria for discharge or transfer as defined by the	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was not documented evidence that the policy on discharge (Discharge) included provisions for the discharge or transfer of adolescents who have achieved the adolescent's original treatment goals but have developed new treatment challenges that can only be adequately addressed in a different type of	PR) 07/02/2024 **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, there was not documented evidence that the policy on discharge (Discharge) included provisions for the discharge or transfer of adolescents who have	8/15/2024

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provider's policies, which shall include provisions for the discharge or transfer of children or adolescents who have: 3. Achieved the child's or adolescent's original treatment goals but have developed new treatment challenges that can only be adequately addressed in a different type of treatment.		treatment.	achieved the adolescent's original treatment goals but have developed new treatment challenges that can only be adequately addressed in a different type of treatment **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.** Review and revise the discharge policy to include provisions for the discharge or transfer of adolescents who have achieved the adolescent's original treatment goals but have developed new treatment challenges that can only be adequately addressed in a different type of treatment Replace the current policy with the revised version on the "shared drive" where all employees have access to. Communicate that the policy has been revised. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** Director of Intake and Clinical Director to review and revise the Discharge Policy Ensure the policy is located on the shared drive by "planned completion date" available to all employees	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Risk Manager/Compliance Liaison OLR) Partially Accepted 07/08/2024 Please provide a shorter time period for planned completion date for this corrective action plan. PR) 07/10/2024 Completion date has been changed to 8/15/24 OLR) Accepted 07/10/2024	
12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record. The objectives and strategies shall be based on the reasons for admitting the resident.	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was no documented evidence in the record that within three days following admission, individualized, measurable objectives and strategies for the first 30 days were developed, distributed to affected staff and the resident, and placed in the resident's record. Documentation on file in Resident #1's record showed a Plan start date of 11.24.2023 and signature on Plan by Resident #1 on 11.28.2023.	PR) 07/02/2024 **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, there was no documented evidence in the record that within three days following admission, individualized, measurable objectives and strategies for the first 30 days were developed, distributed to affected staff and the resident, and placed in the resident's record. Documentation on file in Resident #1's record showed a Plan start date of 11.24.2023 and signature on Plan by Resident #1 on 11.28.2023. **2. Include a plan of action to address systematic changes. This may require**	8/15/2024

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			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. On the day of admission, the clinical assessment staff will contact the therapist (phone or email) to inform the therapist that the Initial Plan of Care has been prepared. Within 48 hours the therapist will meet with the resident to review the Initial Plan of Care and develop goals and strategies. The resident and therapist will sign the Initial Plan of Care. The therapist will place the Initial Plan of Care in the filing bin to be placed into the resident's chart. The Director of Clinical Services will meet with the clinical assessment staff to request that the therapists are notified (phone or email) that the new admission Initial Plan of Care has been prepared. The therapists will be trained in the requirement to complete the Initial Plan of Care with the resident within three days of admission. The auditor will be trained on the requirement of the Initial Plan of Care being dated and signed by the resident and therapist within 3 days of admission. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** The competition date of the Initial Plan of Care will be monitored through weekly chart reviews.	

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			4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. The auditor will send a weekly report to the Director of Clinical Services. The Director of Clinical Services will review the data to ensure the Initial Plan of Care has been reviewed and signed by the resident within three days of admission. OLR) Accepted 07/08/2024	
12VAC35-46-765. H. (1f) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1f. Date the discharge summary was prepared and the signature of the person preparing it.	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was no documented evidence in the record that the discharge summary for Resident #3 contained the date the discharge summary was prepared.	PR) 07/02/2024 **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, there was no documented evidence in the record that the discharge summary for Resident #3 contained the date the discharge summary was prepared. **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.** The Discharge Form was revised to add "Date" to the Signature Line to prompt the person who prepares the document to add the date the discharge summary was prepared. **3. Indicate the frequency for monitoring the**	6/18/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Once the Clinical Documentation Manager receives a Discharge Summary, the Physician is notified to also sign and date it. The Clinical Documentation Manager will review the completed Discharge Summary to verify signatures and dates before forwarding to the Locality. **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** The monitoring will be conducted by the Clinical Documentation Manager. OLR) Accepted 07/08/2024	
12VAC35-46-900. B. (2) - Individualized behavior support plans shall be developed in consultation with the: 2. Legal guardian;	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was no documented evidence in the record that the behavior support plan (Behavior Safety Plan dated 3.22.24) for Resident #1 was developed in consultation with the Level Guardian.	PR) 07/02/2024 **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, there was no documented evidence in the record that the behavior support plan (Behavior Safety Plan dated 3.22.24) for Resident #1 was developed in consultation with the Legal Guardian. **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**	8/15/2024

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			the problem in order to minimize the possibility that the violation will occur in the future. The therapist will consult with the legal guardian and placing agency during the development of the resident's safety/support plan. As a prompt, the safety/support form was revised to add a section to document that the therapist consulted with the legal guardian and placing agency when developing the resident's safety plan. The therapist will be trained in the requirement to include the legal guardian and placing agency in developing the resident's safety/support plan. The therapist will be trained on the revised form that will indicate the legal guardian and placing agency were involved in the development of the plan. The auditor will be trained on the requirement of the safety/support plan being developed in consultation with the legal guardian and placing agency and that there is documented evidence in the record. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** The safety/support plan will be monitored through weekly chart reviews ensuring that there is documented evidence in the record that the safety/support plan was developed in consultation with the legal guardian and placing agency. **4. Include the position of the person**	

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			responsible for monitoring the plan of action. Do not include staff/employee names. The auditor will send a weekly report to the Director of Clinical Services. The Director of Clinical Services will review the data to ensure the safety/support plan is completed and there is documentation that the legal guardian and placing agency were involved in the development of the plan. OLR) Accepted 07/08/2024	
12VAC35-46-900. B. (5) - Individualized behavior support plans shall be developed in consultation with the: 5. Placing agency staff;	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: At the time of the inspection, there was no documented evidence in the record that the behavior support plan (Behavior Safety Plan dated 3.22.24) for Resident #1 was developed in consultation with the placing agency staff.	PR) 07/02/2024 **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, there was no documented evidence in the record that the behavior support plan (Behavior Safety Plan dated 3.22.24) for Resident #1 was developed in consultation with the Legal Guardian. **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.** The therapist will consult with the legal guardian and placing agency during the development of the resident's safety/support plan. As a prompt, the safety/support form was revised to add a section to document that the therapist consulted	8/15/2024

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			with the legal guardian and placing agency when developing the resident's safety plan. The therapist will be trained in the requirement to include the legal guardian and placing agency in developing the resident's safety/support plan. The therapist will be trained on the revised form that will indicate the legal guardian and placing agency were involved in the development of the plan. The auditor will be trained on the requirement of the safety/support plan being developed in consultation with the legal guardian and placing agency and that there is documented evidence in the record. **3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).** The safety/support plan will be monitored through weekly chart reviews ensuring that there is documented evidence in the record that the safety/support plan was developed in consultation with the legal guardian and placing agency. **4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names.** The auditor will send a weekly report to the Director of Clinical Services. The Director of Clinical Services will review the data to ensure the safety/support plan is completed and there is documentation that the legal guardian and placing agency were involved in the	

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			development of the plan. OLR) Accepted 07/08/2024	

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