DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-12-2025**
Program Type/Facility Name: **14-002 Hallmark Youthcare TSAY**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: See OHR citation.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Hallmark Youthcare TSAY This regulation was NOT MET as evidenced by: *"Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse.* Upon review of CHRIS entries, **A-20250039,** the provider's investigation included the review of the video footage and witness statements, which revealed:	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. It was discovered that Individual #1 was not scheduled to be in the courtyard. Employees #1 and #2 did not verify whether any precautions had been implemented regarding Individual #1 prior to their transition outdoors. As a result, Individual #1 attempted to elope by accessing the roof. 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,	8/1/2025

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		• It was discovered that Individual #1 was not scheduled to be in the courtyard. Employees #1 and #2 did not verify whether any precautions had been implemented regarding Individual #1 prior to their transition outdoors. As a result, Individual #1 attempted to elope by accessing the roof. • Employees #1 and #2 failed to provide a service necessary to the health, safety, and welfare of Individual #1, which meets the regulatory definition of neglect. Based on the provider's investigative findings, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	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 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.	

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			8/1/25 OHR/OLR) Accepted 10/10/2025	

General Comments / Recommendations:

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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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