

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

Page: 1 of 6

Investigation ID: 9

License #: 5234-14-060

Organization Name: Hallmark Youth Care - Richmond, LLC

Date of Inspection: 02-18-2025

Program Type/Facility Name: 14-060 Hallmark Youthcare

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1160. (6) - A clinically managed, medium-intensity residential care program shall meet the following staff requirements. The program shall: 6. Ensure all clinical staff shall be qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the service.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: At the time of the inspection on 2/18/2025, there was no documented evidence in the personnel record that the provider ensured Employee #1 was qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the services.	PR) 03/11/2025 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 on 2/18/2025, there was no documented evidence in the personnel record that the provider ensured Employee #1 was qualified by training and experience and appropriately licensed, certified, or registered by the appropriate health regulatory board to serve individuals admitted to the services. 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. Employee was immediately placed on administrative leave and all cases were assigned to DHP approved therapist/social worker. Continue monthly audit, verification, and reporting of all licensed staff members via internal scorecard report. Monthly cross reference of employee roster to licensure tracking sheet to verify all active employees that require or are in process of achieving licensure are listed. All new hires in the process of applying for DHP board approved licensure will be employed in the	3/14/2025

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Page: 2 of 6

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<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
			capacity of Case Manager until third party verification of DHP approval is obtained. These employees will be listed on the licensure tracking log, highlighted in yellow, and listed as Application Pending. Their status will be reviewed at a minimum of monthly during scorecard reporting. Completed and board approved supervision contracts will be added to the employees' HR file in addition to the third-party verification of DHP licensure approval. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Monthly audits and scorecard 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 03/12/2025	
12VAC35-46-270. B. (1) - A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these regulations after December 28, 2007, shall: 1. Meet the qualifications of the	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: At the time of the inspection on 2/18/2025, there was no documented evidence in the personnel record that Employee #1 met the qualifications of the position held.	PR) 03/11/2025 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 on 2/18/2025, there was no documented evidence in the personnel record that Employee #1 met the qualifications of the position held. 2. Include a plan of action to address	3/14/2025

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Page: 3 of 6

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position or positions;			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. Employee was immediately placed on administrative leave and all cases were assigned to DHP approved therapist/social worker. Continue monthly audit, verification, and reporting of all licensed staff members via internal scorecard report. Monthly cross reference of employee roster to licensure tracking sheet to verify all active employees that require or are in process of achieving licensure are listed. All new hires in the process of applying for DHP board approved licensure will be employed in the capacity of Case Manager until third party verification of DHP approval is obtained. These employees will be listed on the licensure tracking log, highlighted in yellow, and listed as Application Pending. Their status will be reviewed at a minimum of monthly during scorecard reporting. Completed and board approved supervision contracts will be added to the employees' HR file in addition to the third-party verification of DHP licensure approval. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.).	

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Page: 4 of 6

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			Monthly audits and scorecard 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 03/12/2025	
12VAC35-46-300. B. (8) - The records of each employee shall include: 8. Documentation of educational degrees and of professional certification or licensure;	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: At the time of the inspection on 2/18/2025, there was no documented evidence in the personnel record that the personnel record included documentation of professional certification or licensure for Employee #1.	PR) 03/11/2025 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 on 2/18/2025, there was no documented evidence in the personnel record that the personnel record included documentation of professional certification or licensure for Employee #1. 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. Employee was immediately placed on administrative leave and all cases were assigned to DHP approved therapist/social worker. Continue monthly audit, verification, and	3/14/2025

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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Page: 5 of 6

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			reporting of all licensed staff members via internal scorecard report. Monthly cross reference of employee roster to licensure tracking sheet to verify all active employees that require or are in process of achieving licensure are listed. All new hires in the process of applying for DHP board approved licensure will be employed in the capacity of Case Manager until third party verification of DHP approval is obtained. These employees will be listed on the licensure tracking log, highlighted in yellow, and listed as Application Pending. Their status will be reviewed at a minimum of monthly during scorecard reporting. Completed and board approved supervision contracts will be added to the employees' HR file in addition to the third-party verification of DHP licensure approval. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Monthly audits and scorecard 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 03/12/2025	

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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 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				