

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

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License #: **5234-14-060**

Organization Name: **Hallmark Youth Care - Richmond, LLC**

Date of Inspection: **06-09-2022**

Program Type/Facility Name: **14-060 Hallmark Youthcare**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-250. B. (2) - Tuberculosis evaluation: 2. Each individual shall annually submit the results of a screening assessment, documenting that the individual is free of tuberculosis in a communicable form as evidenced by the completion of a form containing, at a minimum, the elements of a current screening form published by the Virginia Department of Health.	N	Hallmark Youthcare This regulation was NOT MET as evidenced by: In review of the personnel file for Employee #1, there is no documented evidence of an annual TB test being completed. The last test completed for this individual was on 10/13/20.	PR) 07/19/2022 Hallmark Youthcare will have the employee complete the tuberculosis screening assessment by August 1, 2022. Hallmark will conduct an employee file audit by August 15, 2022 to ensure all screening assessments are current and we will have 100% compliance by August 31, 2022. OLR) Accepted 07/19/2022 OLR: Accepted. SAW. 7/19/22.	8/31/2022
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: In review of the personnel record for Employee #1, there is no documented evidence of education or professional licenses.	PR) 07/19/2022 Hallmark Youthcare will use all resources available to obtain documentation of educational degrees. Hallmark will conduct an employee file audit by August 15, 2022 to obtain a list of employees without documentation of educational degrees and use all resources available to obtain documentation. We will have 100% compliance by October 31, 2022. OLR) Accepted 07/19/2022 OLR: Accepted. SAW. 7/19/22.	10/31/2022

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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.				
Sydnee Williams, Incident Management Unit		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				