

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

Page: 1 of 3

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

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

Date of Inspection: **06-10-2024**

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>
12VAC35-46-765. 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 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) 06/18/2024 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 "<u>Date</u>" 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 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.	6/18/2024

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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 monitoring will be conducted by the Clinical Documentation Manager. 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. 6/18/24 OLR) Accepted 06/27/2024	

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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				