

**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: **05-09-2025**

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>
12VAC35-46-1180. B. (2) - Before a clinically managed, medium-intensity residential service program may admit a child or adolescent, the child or adolescent shall meet the criteria for admission as defined by the provider's policies. The provider's policy regarding admission shall at a minimum require the child or adolescent: 2. Meet the admission criteria of Level 3.5 of ASAM, including the specific criteria for adolescent populations.	NS	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 Resident #2 or Resident #3 met the admission criteria of Level 3.5 of ASAM, including the specific criteria for adolescent populations, at the time of admission to the service.	PR) 06/23/2025 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, there was no documented evidence in the record that Resident #2 or Resident #3 met the admission criteria of Level 3.5 of ASAM, including the specific criteria for adolescent populations, at the time of admission to the service. At the time of admission to Hallmark's Substance Abuse Program there will be documented evidence of an SUD diagnosis and documented evidence of meeting the criteria for Level 3.5 of ASAM through an ASAM multidimensional assessment. 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. Director of Clinical Services and Director of Intake will successfully complete ASAM Training allowing them to conduct the ASAM assessment required to determine if residents with an SUD diagnosis meet the criteria for Level 3.5 of ASAM. Development of an ASAM assessment tool for use to determine if a resident meets Level 3.5 ASAM criteria for admission to the service	6/23/2025

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

Page: 2 of 3

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

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

Date of Inspection: **05-09-2025**

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>
			The SUD Assessment policy to be updated to include the use of an ASAM assessment for residents with an SUD diagnosis to ensure they meet admission criteria for Level 3.5 ASAM at the time of admission to service. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist, etc.). Charts of residents admitted for SUD services will be reviewed monthly to ensure the residents were diagnosed with a substance use disorder and had completed the ASAM assessment showing evidence that Level 3.5 ASAM criteria was met including the specific criteria for adolescent populations at the time of admission. 4. Include the position of the person responsible for monitoring the plan of action. Do not include staff/employee names. Director of Intake and/or Director of Operations 5. Planned Completion Date – ASAM assessment process in place-6/23/25 Additional Intake department members and Clinicians to complete ASAM training by 12/31/25 OLR) Accepted 06/23/2025	

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

Page: 3 of 3

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

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

Date of Inspection: **05-09-2025**

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>
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				