DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **6251-14-008**
Organization Name: **Teen Titans Youth Services LLC**

Date of Inspection: **11-26-2024**
Program Type/Facility Name: **14-008 Teen Titan Youth Home College Drive**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-80. D. - The provider shall submit the corrective action plan to the department within 15 business days of the issuance of the licensing report. Extensions may be granted by the department when requested prior to the due date, but extensions shall not exceed an additional 10 business days. An immediate corrective action plan shall be required if the department determines that the violations pose a threat to the health, safety, or welfare of residents.	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: The provider did not respond to a CAP due on 10.28.24.	PR) 12/02/2024 **Corrective Action Plan (CAP) Response** **1. Statement of the Issue and Corrective Measures Taken:** The issue leading to non-compliance occurred due to a lack of awareness regarding additional information requested for the CAP submitted in July. The CAP was initially submitted and appeared to be complete and accepted before the original deadline of August 26, 2024. However, upon subsequent review on or around September 30, 2024, additional information was requested. Unfortunately, I did not receive any communication or notification regarding this request, and as a result, the CAP was left unaddressed by the updated deadline of October 31, 2024. This oversight resulted in a corrective action being issued. To resolve the deficiency, I have since reviewed the returned CAP, addressed all questions and concerns, and resubmitted the required information. This ensures that the outstanding issues with the CAP have now been resolved. **2. Plan of Action for Systematic Changes:** To prevent recurrence of such incidents, the following systematic changes will be implemented: • **Improved Notification Monitoring Protocol:** A designated system will be implemented to track CAP status and ensure timely responses to updates or requests for additional information. This includes regularly checking the submission portal	11/29/2024

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			and verifying receipt of notifications for CAP updates. • **Centralized Communication Tracking:** A centralized log will be maintained to track all CAP-related communications, including submission confirmations, feedback from reviewers, and deadlines. Staff responsible for CAP oversight will ensure that any requests for additional information are promptly reviewed and addressed.. **3. Monitoring Procedures and Accountability:** • **Staff Monitoring Procedures:** ◦ **CAP Oversight:** Owner will oversee all CAP submissions and communication logs to ensure all deadlines and requests are tracked and addressed promptly. • **Frequency of Monitoring:** ◦ **Monthly Audits:** The owner will perform monthly audits to ensure all CAP-related communications and submissions meet the required timelines and no deficiencies are outstanding. • **Tools for Monitoring:** ◦ A tracking spreadsheet will be maintained to log CAP submission dates, deadlines, feedback received, and actions taken. Through these systematic changes, the	

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			organization will ensure ongoing compliance with CAP requirements, improve communication protocols, and prevent future non-compliance related to missed updates or deadlines. OLR) Accepted 01/22/2025	

General Comments / Recommendations:
Please utilize the guidance below when responding:
Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names.
Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations.
Include all 4 points below, in detail, in your response to each violation:

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.
2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.
3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).

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.

Nicole Buckley, Licensing Specialist | (Signature of Organization Representative) | Date

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