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

Date of Inspection: **06-25-2026**
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
12VAC35-46-300. B. (6) - The records of each employee shall include: 6. Documentation of compliance with requirements of Virginia laws regarding child protective services and criminal history background investigations;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the provider did not have completed disclosure statements filed for employee #1 and employee #2.	PR) 07/17/2026 Corrective Action Taken: The required disclosure statements for Employee #1 and Employee #2 were completed and placed in their respective personnel files. Management also audited all other employee personnel files. Any missing or incomplete documentation identified during the audit was obtained, completed, and added to the appropriate files. Plan to Prevent Recurrence: The administrator or designee will use a personnel-file checklist when onboarding each new employee to ensure all required background investigation and child protective services documentation is completed and filed before the employee begins working independently with residents. Personnel files will also be reviewed quarterly to verify that all required documents remain complete, accurate, and current. Any missing documentation will be addressed immediately. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; ongoing monitoring will occur quarterly. Evidence of Compliance: Completed disclosure statements for Employee #1 and Employee #2 Updated personnel files Completed personnel-file audit checklist	6/30/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Quarterly personnel-file review records OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (10) - Providers shall develop and fully complete prior to acceptance for care an application for admission that is designed to compile screening information necessary to determine: 10. History of previous treatment for mental health, developmental disability, substance abuse, brain injury, and behavior problems;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: History of previous treatment for mental health, developmental disability, substance abuse, brain injury, and behavior problems	PR) 07/17/2026 Corrective Action Taken: The facility's admission application was audited and revised to include a designated section for documenting each required treatment-history category. Plan to Prevent Recurrence: Before accepting a prospective resident, the administrator or designee will review the admission application and supporting records to ensure the following are documented: Previous mental health treatment and services Developmental disability diagnoses and services Substance-use history and treatment History of brain injury and related treatment Previous behavioral concerns and interventions Treatment providers, facilities, and service dates, when available Previous diagnoses, hospitalizations, and treatment outcomes Current recommendations and continuing treatment needs If a category does not apply, it will be marked "none reported" or "not applicable" rather than left blank. If information is unavailable, the application will document attempts made to obtain it and the reason it was unavailable. The administrator or designee will not approve an admission until the application has been reviewed for completeness. Admission records will also be audited quarterly to ensure continued	7/1/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue before every admission and through quarterly record audits. Evidence of Compliance: Revised admission application containing all required treatment-history categories Supporting treatment records, when available Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (11a) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11a. History of prescription, nonprescription, and illicit drugs taken over the six months prior to admission;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: History of prescription, nonprescription, and illicit drugs taken over the six months prior to admission	PR) 07/17/2026 The facility's admission application was also audited and revised to include a designated section for documenting each required category. Plan to Prevent Recurrence: Before a prospective resident is accepted for care, the administrator or designee will review the admission application and supporting records to verify that the six-month medication and drug-use history includes: Prescription medications Over-the-counter and other nonprescription medications Vitamins, supplements, and herbal products Illicit or unauthorized substances Dosages, frequency, purposes, and prescribing providers, when applicable Medication allergies and adverse reactions	7/1/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Dates medications or substances were started or discontinued, when known If the resident has no reported history in a category, the application will state "none reported." If information is unavailable, the application will document the efforts made to obtain it and why it was unavailable. Required sections will not be left blank. The administrator or designee will not approve an admission until the application has been reviewed for completeness. Admission records will also be audited quarterly to confirm continued compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue before every admission and through quarterly record audits. Evidence of Compliance: Updated medication and drug-use histories for Individual #1 and Individual #2 Revised admission application Medication records and supporting documentation, when available Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (11b) - Providers shall develop, and fully complete prior to	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the	PR) 07/17/2026 Corrective Action Taken: The admission records for Individual #1 and	7/30/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11b.Drug allergies, unusual and other adverse drug reactions, and ineffective medications;		time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: Drug allergies, unusual and other adverse drug reactions, and ineffective medications	Individual #2 were reviewed and updated to include available social and developmental history information. The facility's admission application was audited and revised to include a designated section for collecting this information. Plan to Prevent Recurrence: Before a prospective resident is accepted for care, the administrator or designee will review the admission application to confirm that the resident's social and developmental history is documented. This will include, when applicable: Developmental milestones and identified delays Social functioning and peer relationships Communication abilities Educational and school history Previous placements and living arrangements Trauma and significant life experiences Cultural and community involvement Strengths, interests, and recreational activities Any developmental conditions or support needs If information is unavailable, the application will document efforts made to obtain it and why it could not be secured. An admission will not be approved until all applicable sections have been completed and reviewed. Admission records will also be audited quarterly to verify continued compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue before each admission and through quarterly record audits.	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Evidence of Compliance: Revised admission application with a social-and-developmental-history section Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (11c) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 11. Medication and drug use profile, which shall include: 11c. Information necessary to develop an individualized service plan and a behavior support plan.	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: Information necessary to develop an individualized service plan and a behavior support plan.	PR) 07/17/2026 The admission records for Individual #1 and Individual #2 were reviewed and updated to include available information needed to develop their individualized service plans and behavior support plans. The facility's admission application was also audited and revised to include designated sections for collecting this information. Plan to Prevent Recurrence: Before accepting a prospective resident, the administrator or designee will review the admission application and supporting records to ensure they include the resident's: Presenting needs and reasons for placement Strengths, abilities, and preferences Behavioral history and behavioral support needs Known triggers and warning signs Successful and unsuccessful interventions Mental health and treatment history Medication and substance-use information Safety and supervision needs Treatment recommendations Preliminary service goals If information is unavailable, the application will document the efforts made to obtain it and the reason it was unavailable. The administrator or designee will not approve an admission until the	7/1/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			required information has been collected and reviewed. Admission records will also be audited quarterly to ensure continued compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue before each admission and through quarterly record audits. Evidence of Compliance: Updated admission records for Individual #1 and Individual #2 Revised admission application Completed pre-admission review checklists Documentation supporting development of the individualized service and behavior support plans Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (6) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 6. The behavior support needs of the prospective resident;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: The behavior support needs of the prospective resident	PR) 07/17/2026 The admission applications for Individual #1 and Individual #2 were reviewed and updated to include information regarding each resident's behavioral support needs. The facility's admission application was also audited and revised to ensure that it includes a designated section for documenting the behavioral support needs of every prospective resident. Plan to Prevent Recurrence: The administrator or designee will review each prospective resident's completed admission application before accepting the individual for	7/1/2026

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			care. The review will verify that the resident's behavioral history, identified triggers, supervision needs, current support strategies, safety concerns, and recommended interventions are documented. An applicant will not be accepted for placement until all required information has been obtained and the application is fully completed. Admission records will be reviewed quarterly to verify continued compliance. Any missing or incomplete information will be corrected promptly. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; ongoing monitoring will occur before every admission and through quarterly record reviews. Evidence of Compliance: Updated admission applications for Individual #1 and Individual #2 Revised resident admission application Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	
12VAC35-46-710. B. (7) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: Family history and relationships	PR) 07/17/2026 Corrective Action Taken: The admission records for Individual #1 and Individual #2 were reviewed and updated to include available information regarding their family histories and relationships. The facility's admission application was also audited and	7/1/2026

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designed to compile information necessary to determine: 7. Family history and relationships;			revised to include a designated section for documenting this information. Plan to Prevent Recurrence: Before accepting a prospective resident, the administrator or designee will review the admission application to ensure it documents the resident's family history, current family relationships, significant family members and supports, family involvement, placement history, and any family circumstances relevant to the resident's treatment and care. When information is unavailable, the application will document the efforts made to obtain it and the reason it could not be secured. No admission application will be approved until all applicable sections are completed and reviewed. Admission records will also be audited quarterly to verify continued compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue before every admission and through quarterly record audits. Evidence of Compliance: Updated admission application Revised admission application containing a family-history-and-relationships section Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	

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12VAC35-46-710. B. (8) - Providers shall develop, and fully complete prior to acceptance for care, an application for admission that is designed to compile information necessary to determine: 8. Social and development history;	N	Teen Titan Youth Home College Drive This regulation was NOT MET as evidenced by: At the time of the inspection, the admissions application did not include the following information for individual #1 and individual #2: Social and development history	PR) 07/17/2026 The admission records for Individual #1 and Individual #2 were reviewed and updated to include available social and developmental history information. The facility's admission application was audited and revised to include a designated section for collecting this information. Plan to Prevent Recurrence: Before a prospective resident is accepted for care, the administrator or designee will review the admission application to confirm that the resident's social and developmental history is documented. This will include, when applicable: Developmental milestones and identified delays Social functioning and peer relationships Communication abilities Educational and school history Previous placements and living arrangements Trauma and significant life experiences Cultural and community involvement Strengths, interests, and recreational activities Any developmental conditions or support needs If information is unavailable, the application will document efforts made to obtain it and why it could not be secured. An admission will not be approved until all applicable sections have been completed and reviewed. Admission records will also be audited quarterly to verify continued compliance. Person Responsible: Program Administrator/Executive Director or Designee Target Completion Date: Corrected immediately; monitoring will continue	7/1/2026

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			before each admission and through quarterly record audits. Evidence of Compliance: Updated admission records for Individual #1 and Individual #2 Revised admission application with a social-and-developmental-history section Completed pre-admission review checklists Quarterly admission-record audit documentation OLR) Accepted 07/28/2026	

General Comments / Recommendations:
This provider does not utilize volunteers.
Recommendations:
-Please add the Audio and visual clause to the orientation checklist for each individual.
-Replace the current fire extinguishers with the correct type of extinguisher in accordance with regulation 12VAC35-105-530.F: All provider locations shall be equipped with at least one approved type-ABC portable fire extinguisher with a minimum rating of 2A10BC installed in each kitchen.

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.

Anisha Walker, Licensing Specialist | (Signature of Organization Representative) | Date

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