DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **3**
License #: **758-14-008**
Organization Name: **NDUTIME Youth and Family Services, Inc.**

Date of Inspection: **12-01-2021**
Program Type/Facility Name: **14-008 Joshua House II-4500**

No Violation

General Comments / Recommendations:
Recommendation: Provider utilize discharge reason language as found in their policy and the individual's discharge planning when indicating the reason on the discharge summary along with specific information supporting the discharge.

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.

Pebbles Brown	(Signature of Organization Representative)	Date

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