DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **7846-14-008**
Organization Name: **Hope Rising Youth Residential**

Date of Inspection: **12-23-2025**
Program Type/Facility Name: **14-008 Residential Therapeutic Care**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-480. J. - Each resident shall be assigned drawer space and closet space, or equivalent, that is accessible to the sleeping area for storage of clothing and personal belongings except in secure custody facilities.	N	Residential Therapeutic Care This regulation was NOT MET as evidenced by: In review of the physical environment, there failed to be evidence of drawer and closet space for each individual. Bedrooms #1 and 2 did not contain drawer space for each of the three individuals to be served. The provider is required to upload evidence of adequate drawer spaced for each of the three beds with the CAP.	PR) 01/05/2026 During the inspection conducted on December 23, 2025 it was determined that only one drawer space was available for three beds, resulting in insufficient assigned storage space for individuals' personal belongings. The Owner immediately corrected the deficiency by adding two additional drawer units, ensuring that each resident has an individually assigned storage drawer. There are now three different storage drawers-one for each individuals to be served. To prevent recurrence, the program has implemented a standardized room-readiness process requiring verification that each resident has assigned personal storage space prior to placement. On December 26, the Owner purchased and installed two additional drawer units to ensure ongoing compliance. This requirement has been incorporated into the resident onboarding process. The Program Manager is responsible for monitoring compliance. Assigned storage space will be verified using the resident onboarding checklist at admission and through weekly room readiness checks. Compliance will also be reviewed during quarterly internal audits. December 23: Deficiency identified December 26: Drawer units purchased and installed Final Planned Completion Date: December 26 OLR) Accepted 01/07/2026	12/26/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-840. K. - A well-stocked first aid kit shall be maintained and readily accessible for minor injuries and medical emergencies.	N	Residential Therapeutic Care This regulation was NOT MET as evidenced by: In review of the physical environment, there failed to be evidence of a well-stocked first aid kit. The provider is required to upload evidence of a well-stocked first aid kit with the CAP.	PR) 01/05/2026 During the inspection conducted on December 23, 2025, there was no evidence of a well-stocked first aid kit available on site, which did not meet regulatory requirements. This deficiency was immediately corrected by assembling and placing a fully stocked first aid kit on site. The first aid kit now includes a thermometer, CPR mask, saline solution, antiseptic cream, antiseptic wash, disposable gloves, bandages, adhesive bandages, sterile gauze, and tweezers. To prevent recurrence, the Program Director is responsible for ensuring that first aid supplies are maintained and replenished as needed. A monthly first aid kit inspection checklist has been implemented to verify that all required items are present, unexpired, and accessible to staff at all times. Documentation of these checks will be maintained on site and reviewed quarterly. Monitoring and inspections will occur through: · Weekly medical management checks using a first aid kit checklist (Program Director) · Quarterly inventory inspection to ensure supplies are fully stocked and within expiration dates (Program Director) · December 23: Deficiency identified · December 26: Final Planned Completion Date: First aid kit fully stocked OLR) Accepted 01/07/2026	12/26/2025

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General Comments / Recommendations:
The Licensing Specialist recommends the provider review regulations 12VAC35-46-480 and 12VAC35-46-840 for compliance.

The Licensing Specialist recommends the provider maintain a three-day supply of emergency food and water for all individuals and employees.

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.

Melonie Beatty, Licensing Specialist	(Signature of Organization Representative)	Date

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