DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **64**
License #: **804-14-010**
Organization Name: **OLA Home for Boys, LLC**

Date of Inspection: **05-12-2025**
Program Type/Facility Name: **14-010 Amber House - House 3**

No Violation

General Comments / Recommendations:
Based on the documents reviewed, data collected and interviews with staff, there appears to be no evidence of any regulatory violation at the time of this inspection/investigation related to policy, staffing and patient care. At this time, LS does not recommend any citations. AD

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.

Autumn Daniel, Licensing Specialist	(Signature of Organization Representative)	Date

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