DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **8797-14-008**
Organization Name: **The Hallows by Samaritan House, LLC**

Date of Inspection: **08-15-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	The Hallow This regulation was NOT MET as evidenced by: See OHR citations below.		

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12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	The Hallow This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Employee #1 did not provide individual #1 with medication #1 at the designated time.	PR) 09/03/2025 On the evening of 7/5/2025, individual 1 didn't receive her prescribed Metronidazole 500mg. The issue was due to a staff member that normally doesn't work that shift forgot that the resident was now getting evening medication. Upon discovery, immediate corrective actions were taken. The staff member involved was questioned about the missing initials in the MAR. The incident was reported to the appropriate authorities, including the Office of Licensing, within the required time frame. The individual doctor was informed, and the medical advice was to continue the medication as prescribed. To prevent recurrence and ensure compliance with 12VAC35-115-50.B.2, the following systemic changes have been implemented: The staff involved receive retraining on policies and the MAR and an alarm were set to tell any staff working what time to give meds on 7/8/2025. All staff received retraining about the incident at the monthly staff meeting on 7/22/2025. Any changes with the individuals will be communicated to all staff immediately via their company emails effective 7/8/2025. The Program Director and On-Site Supervisor are responsible for reviewing the MAR for errors by completing weekly audits. On going monitoring began 7/8/25. OHR/OLR) Accepted 09/12/2025	07/10/2025 00:00:00

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General Comments / Recommendations:

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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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