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: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (1) - Required initial training: 1. Within seven days following their begin date, each staff member responsible for supervision of children shall receive basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint.	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined basic orientation to the facility's behavior intervention policies, procedures, and techniques regarding less restrictive interventions, timeout, and physical restraint was not completed until 5/15/25 which is outside of the seven days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to behavior intervention policies, procedures, and techniques was not completed until 5/15/25 because the agency didn't have a behavior program so the training was conducted after the Program Director was certified to train in this area. This completion date falls outside the required seven-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required behavior intervention training for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the seven-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2a) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2a. Alerting emergency personnel and sounding alarms;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined alerting emergency personnel and sounding alarms training was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to emergency preparedness and response training was not completed until 5/16/25, due to a miscalculation in the days. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required alerting emergency personnel and sounding alarms training for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2b) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2b. Implementing evacuation procedures, including evacuation of residents with special needs (e.g., deaf, blind, nonambulatory);	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined implementing evacuation procedures, including evacuation of residents with special needs was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to emergency preparedness and response training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required implementing evacuation procedures training for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2c) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2c. Using, maintaining, and operating emergency equipment;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined using, maintaining, and operating emergency equipment was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to emergency preparedness was not completed until 5/16/25 due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking the training about using, maintaining, and operating emergency equipment for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2d) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2d. Accessing emergency information for residents including medical information;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined accessing emergency information for residents including medical information was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to emergency preparedness was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking the training about accessing emergency information for residents including medical information for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (2e) - Required initial training: 2. Within 14 days following an individual's begin date, and before an individual is alone supervising children, the provider shall conduct emergency preparedness and response training that shall include: 2e. Utilizing community support services.	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined utilizing community supports was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to Emergency preparedness and response training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required training for utilizing community supports for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (3a) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding: 3a. The objectives of the facility;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined objectives of the facility was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to Orientation and training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required training for Objectives of the facility for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (3b) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding: 3b. Practices of confidentiality;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined practices of confidentiality was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to Orientation and training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required training for practices of confidentiality for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (3c) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding: 3c. The decision-making plan;	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined the decision making plan was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to Orientation and training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required training for the decision making plan for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-310. A. (3e) - Required initial training: 3. Within 14 days following their begin date, new employees, employees transferring from other facilities operated by the same provider, relief staff, volunteers, and students and interns shall be given orientation and training regarding: 3e. Other policies and procedures that are applicable to the individual's positions, duties, and responsibilities.	N	The Hallow This regulation was NOT MET as evidenced by: A review of Employee's #1 and #2's personnel files determined their hire dates were listed as 4/28/25 and further review determined other policies and procedures that are applicable to the individual's positions, duties, and responsibilities was not completed until 5/16/25 which is outside of the 14 days following their begin date.	PR) 11/07/2025 A review of Employees #1 and #2's personnel files showed their hire dates as 4/28/25, and their basic orientation to Orientation and training was not completed until 5/16/25, due to a miscalculation in dates. This completion date falls outside the required fourteen-day timeframe, resulting in non-compliance with the regulation. All current staff have been reviewed to ensure their files contain timely orientation documentation. The Program Director will be responsible for scheduling and tracking all required training for other policies and procedures that are applicable to the individual's positions, duties, and responsibilities for new hires immediately upon hire date entry. A training log will be maintained and cross-checked weekly to ensure no employee exceeds the fourteen-day orientation requirement. The Program Director will review all new hire orientation completion records before the end of each employee's first week. OLR) Accepted 11/13/2025	11/7/2025
12VAC35-46-320. (1) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers, contractors, and students/interns. These policies and procedures shall include: 1. Type of supervision;	N	The Hallow This regulation was NOT MET as evidenced by: A review of the provider's policies of procedures regarding supervision of employees determined it did not address the type of supervision the the employees will receive.	PR) 11/07/2025 A review of the provider's policies and procedures regarding employee supervision determined that the policy did not clearly define the type or level of supervision employees will receive, due to this policy being a original policy that was submitted before licensing and was already approved, the agency was unaware that this policy didn't meet standards. The Program Director revised this policy on 10/14/2025 to clearly define the types of supervision, frequency and method of supervisory contact. All staff will	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			be informed of the updated policy during an all-staff meeting on 11/17/2025 and sign a acknowledgments of review were obtained. The revised Supervision of Employees Policy has been incorporated into the agency's orientation and annual training program for all employees. The Program Director will conduct quarterly audits of supervision logs to ensure documentation and frequency meet policy requirements. Any discrepancies will be reviewed in management meetings and corrective actions will be implemented as needed. The Program Director will oversees implementation and compliance with supervision policy. The On-Site supervisor will ensure direct implementation and documentation of required supervision activities. Review of supervision logs, meeting notes, and employee feedback forms will be done quarterly by Program Director. Results will be documented in a Supervision Compliance Report and reviewed during quarterly management meetings. Audit findings and corrective actions will be maintained for at least 12 months. Any policy revisions will be reviewed annually and updated as needed to reflect regulatory or organizational changes. OLR) Accepted 11/13/2025	
12VAC35-46-320. (2) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers, contractors, and students/interns. These	N	The Hallow This regulation was NOT MET as evidenced by: A review of the provider's policies of procedures regarding supervision of employees determined it did not address frequency of supervision.	PR) 11/07/2025 A review of the provider's policies and procedures regarding employee supervision determined that the policy did not clearly define the frequency supervision employees will receive, due to this policy being a original policy that was submitted before licensing and was already approved, the agency was unaware that	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
policies and procedures shall include: 2. Frequency of supervision;			this policy didn't meet standards. The Program Director revised this policy on 10/14/2025 to clearly define the types of supervision, frequency and method of supervisory contact. All staff will be informed of the updated policy during an all-staff meeting on 11/17/2025 and sign a acknowledgments of review were obtained. The revised Supervision of Employees Policy has been incorporated into the agency's orientation and annual training program for all employees. The Program Director will conduct quarterly audits of supervision logs to ensure documentation and frequency meet policy requirements. Any discrepancies will be reviewed in management meetings and corrective actions will be implemented as needed. The Program Director will oversees implementation and compliance with supervision policy. The On-Site supervisor will ensure direct implementation and documentation of required supervision activities. Review of supervision logs, meeting notes, and employee feedback forms will be done quarterly by Program Director. Results will be documented in a Supervision Compliance Report and reviewed during quarterly management meetings. Audit findings and corrective actions will be maintained for at least 12 months. Any policy revisions will be reviewed annually and updated as needed to reflect regulatory or organizational changes. OLR) Accepted 11/13/2025	
12VAC35-46-320. (3) - The provider shall develop and implement written policies and procedures regarding the supervision of employees, volunteers,	N	The Hallow This regulation was NOT MET as evidenced by: A review of the provider's policies of procedures regarding supervision of employees determined it did not address	PR) 11/07/2025 A review of the provider's policies and procedures regarding employee supervision determined that the policy did not clearly define how the supervision employees will receive, due to this policy being a original policy that was	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
contractors, and students/interns. These policies and procedures shall include: 3. How the supervision will be documented.		how the supervision will be documented.	submitted before licensing and was already approved, the agency was unaware that this policy didn't meet standards. The Program Director revised this policy on 10/14/2025 to clearly define the types of supervision, frequency and method of supervisory contact. All staff will be informed of the updated policy during an all-staff meeting on 11/17/2025 and sign a acknowledgments of review were obtained. The revised Supervision of Employees Policy has been incorporated into the agency's orientation and annual training program for all employees. The Program Director will conduct quarterly audits of supervision logs to ensure documentation and frequency meet policy requirements. Any discrepancies will be reviewed in management meetings and corrective actions will be implemented as needed. The Program Director will oversees implementation and compliance with supervision policy. The On-Site supervisor will ensure direct implementation and documentation of required supervision activities. Review of supervision logs, meeting notes, and employee feedback forms will be done quarterly by Program Director. Results will be documented in a Supervision Compliance Report and reviewed during quarterly management meetings. Audit findings and corrective actions will be maintained for at least 12 months. Any policy revisions will be reviewed annually and updated as needed to reflect regulatory or organizational changes. OLR) Accepted 11/13/2025	
12VAC35-46-510. (2) - Each provider shall have written policies and procedures regarding the	N	The Hallow This regulation was NOT MET as evidenced by:	PR) 11/07/2025 A review of the provider's Audio and Visual Recordings Policy determined that it did not	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
photographing and audio or audio-video recordings of residents approved by the Office of Human Rights that shall ensure and provide that: 2. No photographing or recording by provider staff shall take place without the resident or the resident's family or legal guardian being informed.		A review of the provider's policies of procedures regarding s audio and visual recordings determined it did not address the resident's or the resident's families being informed.	include procedures for informing residents or their families when audio or visual recordings are used within the facility, due to being a originally approved policy. This omission resulted in non-compliance with regulatory requirements regarding resident privacy and informed consent. The Audio and Visual Recordings Policy was revised on 10/14/2025 to clearly include that residents and/or their legal representatives are informed in writing before any audio or visual recordings occur. A consent form for residents/families to sign prior to any recording is always being used. All staff will be trained on the updated policy and informed of the new consent requirements on 11/17/2025. The revised policy was included in new employee orientation and annual policy review sessions. The on site supervisors will ensure all residents or families have completed consent forms during resident orientation. The On-Site Supervisor will conduct routine audits to ensure consent documentation is completed and properly filed. The Program Director will oversee overall policy implementation and ensures staff compliance. The On Site-Supervisor conducts quarterly audits of resident files for consent documentation. Quarterly audits conducted by the Program Director. Review of resident records to confirm presence of signed consent forms; audit results will reviewed by the Program Director. Policy will be reviewed annually by Program Director to ensure it continues to meet regulatory requirements. OLR) Accepted 11/13/2025	
12VAC35-46-730. A. - At the time of	N	The Hallow	PR) 11/07/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
admission, each resident's record shall include a completed face sheet that contains (i) the resident's full name, last known residence, birth date, birthplace, gender, race, social security number or other unique identifier, religious preference, and admission date; and (ii) names, addresses, and telephone numbers of the resident's legal guardians, placing agency, emergency contacts, and parents, if appropriate.		This regulation was NOT MET as evidenced by: A review of Individual #2's face sheet determined it did not contain a last known address.	A review of Individual #2's face sheet revealed that it did not include the resident's last known address, due to her last address not being provided to the agency. This omission resulted in non-compliance with documentation requirements for maintaining complete and accurate resident records. The face sheet for Individual #2 was immediately updated on 10/1/2025 to say unknown. All resident face sheets were reviewed by the Program Director to verify that required information was complete and accurate. Any missing information was promptly corrected. An Admission Checklist was developed to ensure all required demographic information (including last known address) is documented prior to file completion. The On-Site Supervisor will receive refresher training on accurate record documentation and verification standards. The On-Site Supervisor Reviews all new admissions to ensure face sheets are complete. The Program Director will conducts quarterly audits of resident records for completeness. Random sampling of resident files using the Admission Checklist to verify inclusion of last known addresses. Findings will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, training attendance logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continuous compliance. OLR) Accepted 11/13/2025	

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-740. - Within three days following admission, individualized, measurable objectives and strategies for the first 30 days shall be developed, distributed to affected staff and the resident, and placed in the resident's record.	N	The Hallow This regulation was NOT MET as evidenced by: A review of Individual #1 and #2's individualized, measurable objectives and strategies for the first 30 days did not contain measurable objectives and strategies. Individual #1's individualized, measurable objectives and strategies was not completed within three days as required. It was completed on 6/25/25. Individual #1 was admitted on 6/18/25.	PR) 11/07/2025 A review of Individual #1 and #2's individualized, measurable objectives and strategies for the first 30 days determined that they did not contain measurable objectives or strategies as required. Additionally, Individual #1's individualized, measurable objectives and strategies were not completed within the required 24 hour-timeframe, which was complete but signed after add more information to the plan. Individual #1 was admitted on 6/18/25, but the plan was not completed until 6/25/25, due to adding to the plan and being sign that date. These deficiencies resulted in non-compliance with regulatory standards for timely and measurable individualized planning. The individualized, measurable objectives and strategies for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. Measurable objectives and strategies must be developed within 24 hour of admission. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable objectives and adhering to required timelines. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure timely completion and measurable content. Monthly audits by the On-	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and timeliness standards. OLR) Accepted 11/13/2025	

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (1) - Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident;	N	The Hallow This regulation was NOT MET as evidenced by: Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident. A review of Individual #1 and #2's individualized service plans determined they did not include strengths and needs of the individual in measurable terms.	PR) 11/07/2025 A review of Individual #1 and #2's individualized service plan determined they did not include strengths and needs of the individual in measurable terms. These deficiencies resulted in non-compliance with regulatory standards for determined they did not include strengths and needs of the individual in measurable terms. The individualized, measurable strengths and needs for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable strengths and needs. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure completion and measurable content. Monthly audits by the On-Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and measurable standards. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (2) - Individualized service plans shall describe in measurable terms the: 2.Resident's current level of functioning;	N	The Hallow This regulation was NOT MET as evidenced by: Individualized service plans shall describe in measurable terms the: 2.Resident's current level of functioning. A review of Individual #1 and #2's individualized service plans determined they did not include the individual's current level of functioning in measurable terms.	PR) 11/07/2025 A review of Individual #1 and #2's individualized service plan determined they did not include current level of functioning in measurable terms. These deficiencies resulted in non-compliance with regulatory standards for determined they did not include current level of functioning of the individual in measurable terms. The individualized, measurable current level of functioning for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable strengths and needs. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure completion and measurable content. Monthly audits by the On-Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and measurable standards. OLR) Accepted 11/13/2025	11/7/2025
12VAC35-46-750. B.	N	The Hallow	PR) 11/07/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
(3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;		This regulation was NOT MET as evidenced by: Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident. A review of Individual #1 and #2's individualized services plans determined they did not include goals objectives and strategies established for the resident.	A review of Individual #1 and #2's individualized service plan determined they did not include goals, objectives, and strategies established for the resident in measurable terms. These deficiencies resulted in non-compliance with regulatory standards for determined they did not include goals, objectives, and strategies established for the resident of the individual in measurable terms. The individualized, goals, objectives, and strategies established for the resident for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable strengths and needs. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure completion and measurable content. Monthly audits by the On-Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and measurable standards. OLR) Accepted 11/13/2025	

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (4) - Individualized service plans shall describe in measurable terms the: 4. Projected family involvement;	N	The Hallow This regulation was NOT MET as evidenced by: Individualized service plans shall describe in measurable terms the: 4. Projected family involvement. A review of Individual #1 and #2's individualized service plans determined they did not include projected family involvement in measurable terms.	PR) 11/07/2025 A review of Individual #1 and #2's individualized service plan determined they did not include projected family involvement in measurable terms. These deficiencies resulted in non-compliance with regulatory standards for determined they did not include projected family involvement for the individual in measurable terms. The individualized, projected family involvement established for the resident for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable strengths and needs. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure completion and measurable content. Monthly audits by the On-Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and measurable standards. OLR) Accepted 11/13/2025	11/7/2025

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

Date of Inspection: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (5) - Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective;	N	The Hallow This regulation was NOT MET as evidenced by: Individualized service plans shall describe in measurable terms the: 5. Projected date for accomplishing each objective. A review of Individual #1 and #2's individualized service plans did not include a projected date for accomplishing each objective.	PR) 11/07/2025 A review of Individual #1 and #2's individualized service plan determined they did not include projected date for accomplishing each objective. These deficiencies resulted in non-compliance with regulatory standards for determined they did not include projected date for accomplishing each objective. The individualized service plan, projected date for accomplishing each objective for the resident for Individuals #1 and #2 were immediately reviewed and revised on 10/26/25 to ensure all goals were specific, measurable, attainable, relevant, and time-bound (SMART). On-site supervisor was responsible for completing the plans were retrained on documentation standards and timeliness requirements. The Program Director will review and approve all ISPs for completeness and compliance before finalization. The On-Site Supervisor involved in service planning will receive annual refresher training on developing measurable strengths and needs. The On Site Supervisor create ISP with the residents. The Program Director will reviews all ISPs for new admissions to ensure completion and measurable content. Monthly audits by the On-Site Director and quarterly compliance reviews by the Program Director. Audit results will be documented in a Record Compliance Log and reviewed during quarterly quality assurance meetings. Audit results, staff training logs, and corrective actions will be maintained for at least 12 months and reviewed annually to ensure continued compliance with ISP documentation and measurable standards. OLR) Accepted 11/13/2025	11/7/2025

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: **10-01-2025**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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.

Darragh Walker, Licensing Specialist	(Signature of Organization Representative)	Date

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