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: **09-24-2026**
Program Type/Facility Name: **14-008 The Hallow**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-765. H. (1e) - Discharge summaries: 1. No later than 30 days after discharge, a comprehensive discharge summary shall be placed in the resident's record and sent to the persons or agency that made the placement. The discharge summary shall review: 1e. Dates of admission and discharge;	N	The Hallow This regulation was NOT MET as evidenced by: During this inspection, it was determined that Individual #3's discharge summary did not include the date of admission.	PR) 09/29/2026 During the inspection, it was determined that Individual #3's discharge summary did not include the date of admission. This resulted in non-compliance with 12VAC35-46-765.H.(1e), which requires the comprehensive discharge summary to include the dates of admission and discharge. The discharge summary for Individual #3 was reviewed and corrected to include the date of admission. The corrected discharge summary was entered into the individual's record and, as applicable, provided to the person or agency that made the placement. The agency will implement a discharge-summary review process to ensure all required elements are completed before the discharge summary is finalized. The designated staff member responsible for completing the discharge summary will use a discharge-summary checklist that includes, at a minimum, the individual's date of admission and date of discharge. The Program Director/Administrator will review completed discharge summaries for required elements and address any identified omissions promptly. The agency will reinforce the discharge-summary requirements with applicable staff and will incorporate verification of the required admission and discharge dates into the discharge documentation process to prevent recurrence. The Program Director or On-Site supervisor will monitor compliance by reviewing discharge summaries on a monthly basis for three months, followed by quarterly monitoring thereafter.	9/29/2026

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			Monitoring will consist of a documented review of completed discharge summaries to verify that the required admission and discharge dates are present. Any deficiency identified during monitoring will be corrected promptly and addressed with the responsible staff member. Admission date was added to the plan on 9/24/26. Ongoing monitoring implemented upon completion of the corrective action. OLR) Accepted 09/29/2026	

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