DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **108**
License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **10-30-2024**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: During the course of the review, the CHRIS report, MAR and medication orders for Individual #1 were reviewed. It was determined that Employee #1 did not administer medication #1 as prescribed and administered Medication #1 via the incorrect route.	PR) 10/31/2024 PR: Employee #1 failed to administer the medication as prescribed. The Case Manager failed to send out an email of the new medication and how it should administered. Program Director met with Employee #1 during supervision to go over the medication protocol. Also, Program Director will be meeting with the Case Manager during supervision to ensure an email is sent out for all new medications. Residential Director will oversee this process. OLR) Accepted 10/31/2024	10/31/2024

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.

Ann Mays, Licensing Specialist	(Signature of Organization Representative)	Date

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