DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **133**
License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **05-19-2025**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: The provider's supervision policy states that visual checks will be made to each resident every 30 minutes. On the overnight shift of 3/20/25 per the camera footage review, Employee #3 did not complete checks every 30 minutes as required by their policy but rather completed checks at the following times: 12:30 am, 1:20 am, 1:59 am, 2:37 am, 4:01 am, 4:29 am, 4:57 am, and 6:00 am.	PR) 06/02/2025 PR: Employee #1 failed to provide the proper check every 30 minutes and failed to send an email every hour to the Program Director. Subsequently Employee #1 was relieved of her duties. The Program Director has met with all overnight staff about completing their nightly checks during the overnight shift. Human Resource or Residential Director oversaw this process. OLR) Accepted 06/02/2025	6/2/2025

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