DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **34**
License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **03-11-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: Please citations from the Office of Human Rights.	PR) 03/23/2023 PR: Program Director will ensure Treatment Plan/ISP and strategies are modified immediately following an incident placing the health/safety of a resident at risk. Program Director will ensure staff members are informed of these changes through the Daily Communication Log and email. Staff members will be required to sign/initial that they have read implemented manners of communication such as the Daily Communication Log and weekly Staff Meeting Minutes. Residential Coordinator will ensure that this is implemented and oversee the process. OLR) Accepted 03/28/2023	3/23/2023
12VAC35-46-750. B. (3) - Individualized service plans shall describe in measurable terms the: 3. Goals, objectives, and strategies established for the resident;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: Review of Individual #2's ISP revealed that the ISP addressed an identified risk of AWOL in a goal and objective; however, the ISP failed to include strategies (a series of steps and methods used to meet goals and objectives) the staff were to implement to support Individual #2 from refraining in AWOL behavior. Please provide a plan of action that addresses how the agency will ensure that each goal includes strategies the staff are to implement to ensure appropriate steps are taken to meet the objectives and goals. Please submit this plan of action.	PR) 03/23/2023 PR: Program Director will ensure ISP goal strategies are updated following serious incidents if not already included in the resident's ISP. Program Director will communicate these ISP changes to staff using the Daily Communication Log and email. The Residential Coordinator will ensure that the ISP goals and updated after major incidents. That information will be given to the client and staff. OLR) Accepted 03/28/2023	3/23/2023

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12VAC35-46-800. B. - There shall be evidence of a structured daily routine designed to ensure the delivery of program services.	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: Between 12/30/22 and 2/13/23 there were 5 incidents of individuals engaging in AWOL behavior. Employee #1 reported that when individuals engaged in AWOL behavior, the frequency of check-ins increase to 15 minute checks vs the agency's policy to complete 30 minute checks on residents. Employee #1 reported that this information was conveyed during team meetings specifically referencing a team meeting that occurred on 1/4/23. Interview with Employee #2 and Employee #3 revealed that neither staff were present at this meeting and could not respond to questions regarding the specifics of what was discussed per the staff meeting minutes/notes such as the specific frequency in which Individual #1 was to be monitored as a result of AWOL behavior and how to support Individual #1 while respecting their privacy. Employee #2 and Employee #3 said they receive updates via email but did not recall the specifics of the meeting referenced. As Employee #2 and Employee #3 were not able to convey the changes in how to support Individual #1 following the 1/4/23 meeting, there was no way to ensure the delivery of program services following a change in standard protocol or the current ISP. Please provide a plan of action that includes a review of the current AWOL policy to determine if it needs to be updated/revised to address immediate staff response (such as increasing the time between check-ins) following AWOL behavior from an individual or for individuals with a history of AWOL behavior. Please also include in the plan of action steps the agency will take to ensure all staff are notified of changes in procedures or supports related to resident care.	PR) 03/23/2023 PR: The Program Director will review the AWOL policy with staff at next staff meeting. Increased supervision will be provided on a case-by-case basis. Staff will be required to review and sign that they have reviewed the Daily Communication Log and weekly Staff Meeting minutes. The Residential Coordinator will make sure that the Program Director meet with the staff to go over the awol policy and ensure that the logbooks are signed off on. OLR) Accepted 03/28/2023	3/23/2023

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12VAC35-115-60. B. (4b) - The provider's duties. 4. Providers shall assign a specific person or group of persons to carry out each of the following activities: 4b. Preparation, implementation, and modifications to an ISP based on ongoing review of the medical, mental, and behavioral needs of the individual;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: CHRIS A#20230005 and 20230008/Incident Date: 1/25/23 and 1/26/23 • Individual #1 eloped from the group home on December 30, 2022, January 25, 2023, and January 26, 2023. • On January 31, 2023, provider sent an email with staff meeting notes from January 4, 2023. The meeting reviewed the incident of elopement for Individual #1 from December 30, 2022, and determined that this behavior would be added to Individual #1's Individualized Service/Treatment Plan (ISP). • Individual #1's ISP was not updated to include the elopement behavior and identified intervention/protocol until January 27, 2023. • As a result, provider failed to prepare, implement, and modify the treatment plan/ISP based on identified behavioral needs (elopement behaviors) of Individual #1, and, thus, is a violation of 12VAC35-115-60(B)(4)(b).	PR) 03/23/2023 PR: Program Director will ensure Treatment Plan/ISP are modified immediately following an incident placing the health/safety of a resident at risk. Program Director will ensure staff members are informed of these changes through the Daily Communication Log and email. Case Manager will meet with the residents to go over any changes that are made on the Treatment Plan/ISP. The Residential Coordinator will ensure that this process is occurring. OHR/OLR) Accepted 03/23/2023	3/23/2023

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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.

Rebekah Greenfield, Regional Manager	(Signature of Organization Representative)	Date

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