DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **83**
License #: **1217-14-008**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **05-06-2024**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-270. B. (1) - A person who assumes or is designated to assume the responsibilities of a position or any combination of positions described in these regulations after December 28, 2007, shall: 1. Meet the qualifications of the position or positions;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: During the course of the investigation into CHRIS entries 20240018, 20240019, 20240020, 20240022, 20240021, and 20240023, personnel records of all the staff at this location were reviewed. Employee #4's job description states the qualifications should be at least one year of experience working with children with a Mental health diagnosis but there was no document to support this experience. Employee #6's job description for this Employee states qualifications should have experience with children and or adolescents. There is no documentation in their personnel records that verifies experience with children or adolescents. Employee #7's job description states at least one year of experience working with children with mental health, and there is no documentation in their personnel records that verifies experience with children with mental health. The provider failed to ensure each employee met the qualifications of the position.	PR) 05/31/2024 PR: Employee #4, Employee #6, and Employee #7 did not have the proper qualifications when they began employment with Elk Hill. The Chief Human Resources Officer and Recruiting and Compliance Officer will be updated the non-QPPMH job description and making a few changes. The changes will be updated by 6/15/2024. A meeting will take place with all Program Director with the new changes. Residential Director will oversee this process. OLR) Accepted 06/03/2024	5/31/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-625. C. (3) - The provider shall have and implement written policies and procedures that address the provision of: 3. Staffing appropriate to the needs and behaviors of the residents served.	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: During the course of the investigation into CHRIS entries 20240018, 20240019, 20240020, 20240022, 20240021, and 20240023, the supervision policy was reviewed. Per the policy the staffing ratio during wake hours should be one staff per four residents. Per Camara footages and resident reports the staffing ratio during the time of the reported events was one staff to five residents. The provider failed to ensure the staffing was appropriate to the needs of the residents served.	PR) 05/31/2024 PR: The Program Director reviewed the ratio policy with Employee #1. The Program Director and House Manager will ensure that Spring Garden ratio remains 4:1 at all times. Residential Director will oversee the scheduling. OLR) Accepted 06/03/2024	5/31/2024
12VAC35-46-920. (5) - The following actions are prohibited: 5. Any action that is humiliating, degrading, or abusive;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: The investigation into CHRIS entries 20240018, 20240019, 20240020, 20240022, 20240021, and 20240023 revealed that five residents reported, and camara footage revealed, Employee #1 was yelling and used profanity toward Individual #1 and Individual #3. Additionally, it was determined that Employee #1 blocked Individual #1 & Individual #2 from leaving their bedrooms. Employee #1 locked Individual #1 and Individual #3 in their bedrooms for 20 minutes and locked Individual #2 in their bedroom for 18 minutes. The provider failed to ensure the individuals were free from any action that is humiliating, degrading, or abusive.	PR) 05/31/2024 PR: Program Director met with Employee #1 about using appropriate language and not yelling at our youth. Employee #1 received a corrections action plan and is scheduled to take trauma informed training on 6/5/24. In addition, Program Director meet with Employee #1 and all of Spring Garden employees and reviewed the policies around seclusion and this is a prohibited proactive for Elk Hill facilities. Program Director ensured that all locks were removed from bedroom doors and replaced with plates to ensure that residents could not be secluded and/or locked in their bedrooms. Program Director oversaw this process. OLR) Accepted 06/03/2024	5/31/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-950. - Seclusion is allowed only as permitted by other applicable state regulations.	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: The investigation into CHRIS entries 20240018, 20240019, 20240020, 20240022, 20240021, and 20240023 revealed that Employee #1 blocked Individual #1 & Individual #2 from leaving their bedrooms. Employee #1 locked Individual #1 and Individual #3 in their bedrooms for 20 minutes and locked Individual #2 in their bedroom for 18 minutes. In this service, seclusion may only occur in an approved seclusion room and is only permitted by other applicable state regulations. The provider failed to ensure Employee #1 followed the requirements as it relates to seclusion.	PR) 05/28/2024 PR: All Elk Hill Spring Garden employees reviewed the policies around seclusion and that this is a prohibited practice for Elk hill facilities. Program Director ensured that all locks were removed from the bedroom doors and replaced with plates to ensure that residents could not be secluded and/or locked into their bedrooms while also ensuring that there was no opening in the bedroom doors to maintain privacy. Residential Director oversaw this process. OLR) Accepted 06/03/2024	5/28/2024

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