DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-29-2022**
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: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: • During an internal investigation the provider determined Employee 1 failed to follow internal protocol as evidenced by: • During nightly medication review, it was noted that Individual 1 did not receive evening medications. • Employee 1 disclosed assisting Individual 1 in completing household responsibilities, but forgot to administer the evening medications. • Employee 1 failed to follow internal protocol resulting in Individual 1 not receiving evening medications.	PR) 09/19/2022 PR: Program Director will ensure that the client receive their evening medication. Elk Hill CNA conducted a medication administration review with Employee 1 to go over the proper ways of administrating medication. Program Director addressed the miss medication in Employee 1 August 2022 supervision. Residential Coordinator will ensure that medication is given and given properly. OHR/OLR) Accepted 09/20/2022	9/19/2022

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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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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