DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-11-2023**
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: See OHR citation below.		

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

Date of Inspection: **01-11-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-60. 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 the following: • Employee 1 failed to follow internal protocols of looking at the staff's assigned tasks. Administering medications was not Employee 1's assigned task on the day of the incident. • Individual 1 was administered 5:00pm dose of medications by Employee 1. Employee 1 documented this in the eMAR. • Employee 1 failed to communicate with Employee 2 that the medications had already been administered. • Employee 2 was assigned the task to administer medications but failed to follow the internal protocol of checking the eMar prior to administering the medications. • Employee 2 administered Individual 1 a second dose of medications. • Individual 1 reported a minor rash, but this could not be confirmed by the provider as the rash was not present at the time of Individual 1's report.	PR) 01/30/2023 PR: Program Director conducted supervision with Employee 1 and discussed protocol around completing assigned daily tasks. Program Director will meet with Employee 1 ongoing during monthly supervision to review compliance with internal protocols related to completing assigned daily tasks. Program Director met with Employee 1 and Employee 2 to discuss communication needs on shifts. Program Director also addressed communication needs with remaining employees through supervision and weekly staff meetings. Program Director met with Employee 2 to discuss internal protocol related to checking the eMAR prior to administering medications. Program Director provided Employee 2 with written counseling through a Performance Improvement Plan and will monitor compliance during monthly supervision. Residential Coordinator will ensure that the Program Director is meet with her team during supervision and team meetings. OHR/OLR) Accepted 01/30/2023	1/30/2023

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-11-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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