DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-11-2023**
Program Type/Facility Name: **14-008 Elk Hill - Spring Garden**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Written references or notations of oral references;	N	Elk Hill - Spring Garden This regulation was NOT MET as evidenced by: During the course of the 2023 unannounced review, two personnel records were reviewed. Employee #1's record did not include written references or notations of oral references. As part of the corrective action plan, please indicate how written or oral notations of refences will be handled to ensure these are maintained in each personnel record.	PR) 10/31/2023 PR: Program Director will complete three references checks and send the reference form to the Human Resources Department before offering a position to any employee. This will ensure that the forms enter the files. Residential Director and the Compliance Coordinator will oversee this process. OLR) Accepted 11/01/2023	10/31/2023

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