DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **25**
License #: **1217-14-011**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **02-20-2026**
Program Type/Facility Name: **14-011 Duncan Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Duncan Cottage This regulation was NOT MET as evidenced by: The provider's supervision policy states that "regardless of the individual's age or phase achievements, staff will conduct visual checks of all on-site individuals at a minimum of every 30 minutes, ensuring individuals are accounted for, safe, and their needs are being met." However, according to the internal investigation report, both Employees #1 and #2 confirmed that approximately one hour passed between the last visual check of Individual #1 and the moment staff realized that Individual #1 was missing. The provider failed to implement a structured program of care that ensured adequate supervision of the residents.	PR) 03/27/2026 PR: The incident occurred in Massie Cottage and not Duncan Cottage. Employee #1 and Employee #2 failed to provide the proper supervision during their shift. As a result, individual #1 was awoled from Massie Cottage. The Program Director met with Employee #1 and Employee #2 for supervision training. In addition, Employee #1 and Employee #2 received a Corrective Action Plan. The Residential Director oversaw the process. OLR) Accepted 03/27/2026	3/27/2026

General Comments / Recommendations:
The goal and objective noted for AWOL could be more person centered around Individual #1's AWOL behavior and AWOL prevention.

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