DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **26**
License #: **1217-14-011**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **03-23-2026**
Program Type/Facility Name: **14-011 Duncan Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-750. B. (1) - Individualized service plans shall describe in measurable terms the: 1. Strengths and needs of the resident;	N	Duncan Cottage This regulation was NOT MET as evidenced by: Individual #2 has an identified need and a history of AWOL. While the ISP includes a goal labeled "AWOL," the goal does not outline specific actions for the individual or the provider to address or prevent AWOL behaviors. The provider failed to include in the ISP measurable terms to describes the needs of the resident.	PR) 04/13/2026 PR: Individual #2 had a history of AWOLing and Elk Hill failed to outline specific actions to prevent AWOL behavior moving forward. The Clinical Director met with her team in group supervision to ensure that the ISP address AWOLs appropriately. The Residential Director oversaw the process. OLR) Accepted 04/13/2026	4/13/2026

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