DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-07-2023**
Program Type/Facility Name: **14-011 Duncan Cottage**

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	Duncan Cottage This regulation was NOT MET as evidenced by: See OHR citation.		

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

Date of Inspection: **12-07-2023**
Program Type/Facility Name: **14-011 Duncan Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Duncan Cottage This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated neglect based on the following: • Upon review of CHRIS entries, A-20230079 and A-20230080, the provider's investigation determined Neglect was substantiated. • Per statement from Employee #2 on 11/14/2023, the investigation determined that Employee #1 stayed in the staff office for over 35 minutes and failed to complete the 15 minute check. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1.	PR) 01/03/2024 PR: The Program Director met with Employee #1 on 10/30/2023. Employee #1 received a Performance Improvement Plan for not completing 15 minutes checks on our youth. The plan of action is that Employee #1 will be more engaged and involved with the youth. Employee #1 will retake the first day of Mandt that focuses on relational building. Residential Director will continue to monitor and oversee the process. OHR/OLR) Accepted 01/09/2024	1/3/2024

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-07-2023**
Program Type/Facility Name: **14-011 Duncan Cottage**

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.

Andrea Milhouse, Human Rights	(Signature of Organization Representative)	Date

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