DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-22-2023**
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.		

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12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted (see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;	N	Duncan Cottage This regulation was NOT MET as evidenced by: Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted. Upon review of the CHRIS entry A-20230076, the provider failed to provide a written report of the results of the investigation within 10 working days from the date in which the investigation began. The investigative findings were due on 9/29/23. As of 12/21/23 findings have not been entered.	PR) 01/15/2024 PR: Program Director misunderstood directive from licensure about closing out both side of the CHRIS Report. Licensure was speaking of closing out the medical part of the CHRIS Report. Therefore, the Program Director did not complete the investigation till it was brought to his attention. Residential Director met with the Program Director during supervision about retaking the CHRIS Report training before 2/15/2024 and making sure that all CHRIS Report investigation is completed within 10 working days. OHR/OLR) Accepted 01/16/2024	1/15/2024

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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