DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-17-2024**
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.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Duncan Cottage This regulation was NOT MET as evidenced by: "Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice." Upon review of CHRIS entry A:20230077, the provider's investigation included an interview with Employee #1 and other staff which revealed: • Employee #1 failed to administer afternoon medications to Individual #1. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's violation of this regulation.	PR) 02/08/2024 PR: Program Director met with Employee #1 during monthly supervision and developed a plan to not miss the noon medication. Employee #1 will set his cell phone alarm as a reminder to give out the noon medication. Also, Program Director will write out medication times on the board to help remind Employee #1 of the noon medication. Residential Director will oversee this process. OHR/OLR) Accepted 02/12/2024	2/8/2024

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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