DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-12-2025**
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. (2) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 2. The director of a service licensed or funded by the department shall report each allegation of abuse or neglect via the department's web-based reporting application within 24 hours of receipt of the allegation (see 12VAC35-115-175).	N	Duncan Cottage This regulation was NOT MET as evidenced by: Upon review of CHRIS entry, **A-20250011** the provider became aware of the incident on **1/24/2025**, and the date of entry into CHRIS is **2/10/2025**. As a result, the provider failed to report the allegation to the department within 24 hours of receipt.	PR) 03/14/2025 PR: Program Director failed to enter a CHRIS Report within 24 hours of the incident. Program Director will utilize her human right and licensing specialists along with my Clinical director if there are any questions concerning data entries. Program Director completed the Investigating Abuse and Neglect 1/23/25 through DBHDS, completed Human Rights Regulation training on 2/6/25 through DBHDS, completed Restriction, Behavioral Treatment Plan and Restraint 2/20/25 through DBHDS. Residential Director will ensure that the CHRIS Report are entered within 24 hours of the incident and conduct monthly supervisor with the Program Director. OHR/OLR) Accepted 03/17/2025	3/14/2025

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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