DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-19-2026**
Program Type/Facility Name: **14-011 Duncan Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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.		
12VAC35-115-50. 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: Upon review of CHRIS entry A-20250062, the provider's investigation included witness statements, staff admission, and a review of the provider's policy which revealed: • Employee #1 failed to administer Individual #1 medication on the evening of 6/9/2025. • Employee #1 failed to adhere to the provider's medication administration policy. Based on the provider's investigative finding, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	PR) 03/06/2026 PR: The incident/CHRIS Report #20250062 occurred in Massie Cottage (1217-14-012) and not Duncan Cottage. Employee #1 was responding to an emergency in Duncan Cottage and failed to communicate to her shift partner that medication was not given to a resident. Employee #1 retook the MATY training and the Program Director met with her in monthly supervision to go over the importance of following the medication protocol. The Residential Director oversaw the process. OHR/OLR) Accepted 03/11/2026	3/6/2026

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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