DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **22**
License #: **1217-14-012**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **02-22-2023**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-850. F. - Medication prescribed by a person authorized by law shall be administered as prescribed.	N	Massie Cottage This regulation was NOT MET as evidenced by: In review of the Serious Incident Report 0230018, Employee 1 appropriately document the administration of Individual 1's medication. As a result, Employee 2 mistakenly administered Individual 2's medication again. Therefore, Individual 1 was not administered their medication as prescribed.	PR) 02/28/2023 PR: Program Director met with Employee 1 and Employee 2 during supervisor meeting to review the proper handling of medication. Employee 1 and Employee 2 will complete a medication refresher class by 3/10/2023 and follow the daily agenda that indicates who should be giving the medication. Residential Coordinator will ensure that Employee 1 and Employee 2 take the medication refresher class and that the medications are given properly. OLR) Accepted 02/28/2023 OLR: Accepted on 02/28/23. asn	2/28/2023

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.

Amber Nesbitt, Licensing Specialist | (Signature of Organization Representative) | Date

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