DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **78**
License #: **1217-14-012**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **02-12-2025**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-900. C. - Prior to working alone with an assigned resident each staff member shall demonstrate knowledge and understanding of that resident's behavior support plan.	N	Massie Cottage This regulation was NOT MET as evidenced by: There is no evidence that staff working with Individual #1 have knowledge and understanding of the residents behavior support plan as this plan has staff signature lines but there are no staff signatures on the plan. The provider could not provide a behavior support plan that included staff signatures. The provider failed to have evidence that staff working with individual #1 have a working knowledge and understand of the resident's behavior support plan.	PR) 02/20/2025 PR: House Manager was responsible for completing the Behavior Support Plan which is evident in the Performance Improvement Plan on 11/14/2024. The House Manager failed to get signatures for individual #1 Behavior Support Plan. The House Manager was recently removed of his house manager duties. Effective 2/4/2025 the Case Manager has taken over the responsibility of completing the Behavior Support Plan. The Program Director met with the Case Manager emphasizing the importance of completing the Behavior Support Plan and having them available for staff. The Residential Director will oversee this process. OLR) Accepted 02/20/2025	2/20/2025

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.

Ann Mays, Licensing Specialist	(Signature of Organization Representative)	Date

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