DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-16-2023**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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	Massie Cottage This regulation was NOT MET as evidenced by: See OHR citation below.		

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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	Massie Cottage This regulation was NOT MET as evidenced by: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated neglect based on the following: • Upon review of CHRIS entry A-20230017, the provider's investigation substantiated Neglect. ◦ Employee #1 reported that Individual #1 was asked to obtain water and come to the office for nightly medications regiment. Employee #1 administered the medications and was called by another resident for support. Employee #1 being distracted, avoided documenting the medications in the E-MAR and Employee #2 gave a second dose of the night medication which resulted in a medication error. Based on preponderance of evidence, Employee #1 failed to ensure the health and safety of Individual #1 by failing to document medication administered.	PR) 03/23/2023 PR: Program Director met with Employee #1 and Employee #2 during supervision to go over the proper protocol of administering and giving medication. Also, Employee #1 and Employee #2 completed the medication refresher training on 3/15/2023. The Residential Coordinator will ensure that the staff are documenting and administering the medications appropriately. OHR/OLR) Accepted 03/24/2023	3/23/2023

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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