DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **06-12-2023**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-590. B. - The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.	NS	Massie Cottage This regulation was NOT MET as evidenced by: In review of the physical plant, the following deficits were noted: 1. Broken Window (covered with ply wood in the front bedroom) 2. Broken Kitchen cabinets (cracked door cabinet or missing cabinet door all together) 3. Broken couch leg (Brown leather sofa is slanted, unable to seat evenly in the couch) 4. Multiple paint patches throughout the common area in need of painting	PR) 07/05/2023 PR: A meeting occurred 6/20/2023 with the House Manager, Program Director, Maintenance supervisor, and Residential Coordinator to go over the damage and broken property. The broken window has already been replaced. The kitchen cabinets has been ordered and will be replaced when it arrives. Approximate replacement of the cabinets will be before 7/25/2023. The broken couch was removed from Massie Cottage. Two new couches will be delivered by 7/20/2023. Massie Cottage patches in the common area will be painted by 7/15/2023. However, the entire Cottage is scheduled to be painted in August 2023. Lastly, the maintenance supervisor will be creating a work order system email system to allow for faster response. Residential Coordinator will oversee the completion of the work and the replacement of items. OLR) Accepted 07/06/2023	7/5/2023

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-60. A. - The provider shall demonstrate substantial compliance with these regulations to demonstrate that its program and physical plant provide reasonably safe and adequate care while approved plans of action to correct findings of noncompliance are being implemented and there are no noncompliances that pose an immediate and direct danger to residents.	N	Massie Cottage This regulation was NOT MET as evidenced by: In review of the provider's previously issued and approved CAP (approved on 03/03/23), the provider has failed to implement the approved items evidenced by repeated citation (590 C) related to the physical plant of the cottage and failure to follow through with repairs as highlighted in their response to address issues regarding the physical plant on 03/03/23.	PR) 07/05/2023 PR: The Program Director and the Residential Coordinator will do a weekly walkthrough of Massie Cottage to go over property damage, repairs, and house cleanliness. There will be a running list of items that are needed and a timeline to repair or replace the items. The weekly walkthrough will continue for the next 3 months. The Residential Coordinator will oversee to ensure the weekly walkthroughs occur. OLR) Accepted 07/06/2023	7/5/2023

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