DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-06-2025**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	NS	Massie Cottage This regulation was NOT MET (SYSTEMIC) as evidenced by: CHRIS Number: 20250003 Date/Time of Discover: 01/19/2025 7:00PM Enter Date/Time: 01/21/2025 7:39AM Reporting Delay: 12:39:00 Location Name: Massie Cottage Note: As this is provider's second step in the Progressive Citation Cycle for the same regulation within a one-year period, measured on a rolling basis, provider has demonstrated systemic noncompliance. Provider was previously cited for late reporting The first citation was issued on 6/4/24 and is now non-compliant.	PR) 02/20/2025 PR: The Program Director failed to notify licensure CHRIS Report within 24 hours of the incident. The incident occurred on 1/19/2025 and the notification was made on 1/21/20205. As a result, the Program Director took the DBHDS CHRIS investigation of abuse neglect and exploitations. Residential Director met with the Program Director in supervision to discuss the importance of reporting the incident on time. Residential Director will oversee this process. OLR) Partially Accepted 03/12/2025 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist). PR) 03/17/2025 PR: Residential Director will monitor this plan by providing monthly supervision with the Program Director. Also, Elk Hill will train the new Program Director on CHRIS Reports. The transition will officially occur on 5/16/2025. The new Program Director will be signing up for the DBHDS training. Residential Director will oversee the transition. OLR) Accepted 03/28/2025	2/20/2025

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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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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