DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-13-2025**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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.		
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: Upon review of CHRIS entry, A# 20250038 the provider's investigation included written statements, staff admissions, and a review of the provider's policy, which revealed: Employee #1 did not give Individual #1 their 12:00pm Medication #1 as prescribed.	PR) 05/27/2025 PR: Employee #1 failed to give out the medication on 12pm. On April 30th, 2025 Employee #1 received a Performance Improvement Plan. The Program Director put emphasis on the importance of giving out the medication on time, setting an alarm on her phone when the medication is due, and the Program Director met with Employee #1 and went over the mediation dispensing protocol. Employee #1 will complete the MATY training in June 2025. Program Director will ensure that Employee #1 attends the MATY training. Residential Director will oversee the process. OHR/OLR) Accepted 07/09/2025	5/27/2025

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-13-2025**
Program Type/Facility Name: **14-012 Massie Cottage**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

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