DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **27**
License #: **1217-14-015**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **11-18-2024**
Program Type/Facility Name: **14-015 Fair Meadows**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (1) - There shall be evidence of a structured program of care designed to: 1. Meet the residents' physical and emotional needs;	N	Elk Hill Group Home Cville This regulation was NOT MET as evidenced by: Based upon the internal investigation there is video evidence, phone message evidence and Employee #1's admittance to reported abuse as detailed in CHRIS report #20240070. The provider failed to have structured program of care that meet the physical and emotional needs of Individual #1.	PR) 11/21/2024 PR: Employee #1 failed to meet the physical and emotional needs of Individuals #1. The Program Director reviewed the video and determined that Employee #1 did not uphold Elk Hill values. The Residential Director along with the Performance Improvement Coordinator will conduct monthly random camera checks for all locations for the next three months, this location will do camera checks for the next three months. In addition, the Program Director will do random phone checks twice monthly. The Residential Director will oversee the process. OLR) Partially Accepted 11/21/2024 Please update response per email. PR) 11/24/2024 PR: Employee #1 failed to meet the physical and emotional needs of Individuals #1. The Program Director reviewed the video and determined that Employee #1 did not uphold Elk Hill values. The Residential Director along with the Performance Improvement Coordinator will conduct monthly random camera checks for all locations for the next three months, this location will do camera checks for the next three months. In addition, the Program Director will do random phone checks twice monthly. The Residential Director will oversee the process. OLR) Accepted 11/25/2024	11/21/2024

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Elk Hill Group Home Cville This regulation was NOT MET as evidenced by: Based upon the internal investigation there is video evidence, phone message evidence and Employee #1's admittance to reported abuse as detailed in CHRIS report #20240070. The provider failed to have structured program of care that provides protection, guidance and supervision of residents.	PR) 11/21/2024 PR: Program Director will continue to do monthly supervision to all employees at Elk Hill Charlottesville. The Program Director and/or Case Manager will meet with each youth every month to ensure their safety and welling being are being met. The Residential Director will oversee this process. OLR) Accepted 11/21/2024	11/21/2024
12VAC35-46-920. (5) - The following actions are prohibited: 5. Any action that is humiliating, degrading, or abusive;	N	Elk Hill Group Home Cville This regulation was NOT MET as evidenced by: Based upon the internal investigation there is video evidence, phone message evidence and Employee #1's admittance to reported abuse as detailed in CHRIS report #20240070. The provider failed to prevent actions that are humiliating, degrading or abusive to Indivdiaul #1.	PR) 11/21/2024 PR: Elk Hill will be placing a box up at this group home for anonymous safety checks, the individuals will be able to express their concerns and put a note in the box if the client is feeling unsafe. The box will be hung with an explanation, the box will be checked weekly by the Program Director. Elk Hill Maintenace Department will hand up the box by 12/6. Residential Director will oversee this process. OLR) Accepted 11/21/2024	11/21/2024

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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.

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

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