DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-14-2022**
Program Type/Facility Name: **14-015 Fair Meadows**

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	Elk Hill Group Home Cville This regulation was NOT MET as evidenced by: See OHR citation.	PR) 04/28/2022 PR: Program Director will ensure that the client will take all her medications. Program Director contacted her doctor that proscribed the medication and Family Care Pharmacy and changed that medication to liquid form. Program Director will ensure that all employees will administer the medication according to the prescription and pharmacy. Residential Coordinator will ensure that medication is given properly. OLR) Accepted 05/04/2022	4/28/2022

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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	Elk Hill Group Home Cville 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 During an internal investigation, the provider substantiated the allegation based on the following: • Employee 1 reports Individual 1 has a history of medication non-compliance and cheeking medications at previous placements prior to admission to this service; • Although staff reported conducting cheek checks after each medication pass, it was confirmed that the individual was not swallowing her medication since February, 2022; and, • Employee 1 reports that the provider failed to ensure adequate treatment goals to address medication non-compliance and/or cheeking medications in Individual 1's Individualized Service Plan, which is necessary to the health of Individual #1.	PR) 04/28/2022 PR: Program Director met with the psychiatrist and was able to change that medication to a liquid form. Program Director and house manager met with the team to go over how the liquid form of the medication should be administered. The medication was changed to liquid form on 4/13/2022. The Case Manager is adjusting the treatment goals to address the cheeking medication for individual #1 to ensure that individual #1 is taking her medication. When taking medication Individual #1 will be remain in the staff office for 5 minutes and be closely monitored. Residential Coordinator will oversee and ensure that the medication is given. OHR/OLR) Accepted 05/02/2022	4/28/2022

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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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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