DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-25-2023**
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 below.		

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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. See § 37.2-100 of the Code of Virginia. During an internal investigation, the provider substantiated the allegation of medication related neglect due to the following: • Employee 1 failed to follow internal protocol for medication administration resulting in Individual 1 receiving morning medications in the evening. • Employee 2 then administered Individual 1's evening medications when the error was realized.	PR) 09/01/2023 PR: During the nightly medication check Employee #2 discovered a medication error from 8/5/2023. Employee #1 did not follow the medication protocol and gave out the wrong medication at the wrong time. Employee #1 will take the medication refresher training on 9/27/2023 and follow the medication protocol. Over the next two month the Program Director will review the medication administration policy and procedures with Employee #1 during supervision meetings. The Residential Director will oversee this process. OHR/OLR) Accepted 09/01/2023	9/1/2023

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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.

Cassie Purtlebaugh, Human Rights	(Signature of Organization Representative)	Date

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