DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-27-2024**
Program Type/Facility Name: **14-015 Fair Meadows**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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.		
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. Provider has substantiated for neglect based on the following: • Provider reported that "supervision policy states that employees must have their eyes on youth every 30 minutes". • On February 15, 2024, an individual reported to	PR) 04/04/2024 PR: The Program Director completed the investigation and determined that Employee #1 failed to provide the proper supervision. Supervision checks should occur at least every 30 minutes. Employee #1 was five minutes late and then got distracted from completing the supervision checks. Employee #1 and Employee #2 failed to complete the checks within the 30-minute guideline. As a result, the Program Director increased the supervision checks to every 15 minutes due to the sexual activity between the two resident and until one of the residents left the program. Afterwards, the supervision checks went back to every 30 minutes. The Program Director met with Employee #1 during monthly supervision to go over the expectations of supervision and increased checks. Lastly, the Program Director completed random video checks to ensure that	4/4/2024

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

Date of Inspection: **03-27-2024**
Program Type/Facility Name: **14-015 Fair Meadows**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		Employee #2 that Individual #1 and Individual #2 engaged in sexual activity in the bedroom around 8pm on February 10, 2024. • Individual #1 and Individual #2 both admitted to engaging in sexual activity in the room during that time. • Camera footage revealed the following: ◦ Employee #1 conducted supervision check at 8pm. ◦ At 8:35 pm, Employee #1 was going back upstairs to check on individuals. ◦ Before Employee #1 was able to conduct the supervision checks, another individual approached Employee #1 in the hallway and requested an item from downstairs. ◦ Employee #1 went downstairs to retrieve the item for the individual. ◦ Employee #1's failure to follow the provider's supervision policy was a failure to provide services necessary to the health, safety, or welfare of Individual #1 and Individual #2 and provided them with the opportunity to engage in sexual activity, which is a violation of 12VAC35-115-50(B)(2).	staff was completing their supervision checks every 15 minutes. This ended on 4/1/2024. The Residential Director oversaw this process. OHR/OLR) Accepted 04/08/2024	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-27-2024**
Program Type/Facility Name: **14-015 Fair Meadows**

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.

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

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