DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-12-2024**
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: CHRIS A#20240053/Incident Date: July 24, 2024 "Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Provider substantiated for verbal abuse based on the following:	PR) 08/28/2024 PR: The Program Director met with both the individual #1 and the employee #1 to address the situation that occurred and to develop a constructive plan for moving forward and fostering a positive relationship. For approximately one week, the individual #1 needs were managed by employee #1 shift partner until individual #1 felt ready to begin interactions with the employee #1 and was comfortable with their needs being addressed by the employee #1. During this period, the individual #1 also engaged with their therapist to process their emotions and address the underlying issues. On 7/31, the Program Director conducted a meeting between Individual #1 and Employee #1. Both parties convened and exchanged apologies for their actions, discussing various	8/28/2024

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		• After Employee #1 had asked individuals to move so that Employee #1 could get into the office, Individual #1 responded to Employee #1 by stating, "You still have to walk to us anyway, so I don't understand what the fucking problem is and why you have a fucking attitude?" • Employee #1 responded to Individual #1 by stating, "The situation has nothing to do with you, so I don't understand why you are inserting yourself into a conversation that doesn't involve you." • Individual #1 then stated, "Shut the fuck up, bitch!" • Employee #1 then said to Individual #1, "Little [gender] , who do you think you're talking to?" • Individual #1 responded to Employee #1 and stated, "Who are you calling a little [gender]?" • Individual #1 then to Employee #1, "I'm going to kill you." • Employee #1 then stated back to Individual #1, "That's the last thing you'll ever do." ?Use of language that is demeaning, threatening, intimidating, or humiliating meets the regulatory definition of verbal abuse and is an act that is performed knowingly, recklessly, or intentionally that might have caused psychological harm to an individual which is a violation of 12VAC35-115-50(B)(2).	measures to prevent a recurrence of the incident. Lastly, Program Director met with Employee #1 on 7/26 for supervision to discuss strategies on how to deal with stressful situation and to improve her Commnication with the youth. Residential Director over saw this process. OHR/OLR) Accepted 08/30/2024	

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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.

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

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