DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-21-2026**
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	Fair Meadows 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	Fair Meadows This regulation was NOT MET as evidenced by: "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. CHRIS A#20250108 and A#20250109 Provider's internal investigation revealed the following: • Individual #1, Individual #2, Individual #3, and	PR) 02/10/2026 PR: Program Director acknowledges that this regulation was not met. Employee #1 was immediately removed from direct care duties once Individual #1 and Individual #2 made the allegations. An internal investigation substantiated that Employee #1 provided a personal nicotine vape to Individual #1 and Individual #2 during a community outing and attempted to discourage disclosure. Appropriate disciplinary action was taken in accordance with agency policy, up to and including termination, and the incident was reported to CHRIS under A#20250108 and A#20250109. Program Director ensured the safety of all involved individuals and reinforced their right to report concerns without retaliation. To prevent recurrence, the Program Director met with all staff at Fair Meadows in their January 2026 supervision about professional boundaries and the prohibition	2/10/2026

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		Individual #4 reported that, during a community outing to the local nail salon on December 28, 2025, Employee #1 allowed Individual #1 and Individual #2 to use Employee #1's nicotine vape. • While in the program vehicle, Individual #3 reported that Employee #1 provided the nicotine vape to Individual #1 and Individual #2 after Individual #1 and Individual #2 requested to use the nicotine vape, and Individual #1 and Individual #2 opened the program vehicle window to release the vapor. • Additionally, Individual #3 reported that Employee #1 offered a soda to Individual #3 in exchange for what Individual #3 thought was an attempt to discourage disclosure of the Employee #1 providing the nicotine vape to Individual #1 and Individual #2. • Additionally, Individual #2 and Individual #4 reported that this was not an isolated incident, and that Employee #1 had offered the use of Employee #1's nicotine vape on other occasions. Employee #1 providing Employee #1's nicotine vape to Individual #1 and Individual #2 is an act that was performed knowing, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to Individual #1 and Individual #2 and is a violation of 12VAC35-115-50(B)(2).	against providing nicotine or other prohibited substances. Residential Director oversaw this process. OHR/OLR) Accepted 02/10/2026	

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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.

Heather Hilleary, Human Rights	(Signature of Organization Representative)	Date

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