DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **2240-14-009**
Organization Name: **Center for Discovery**

Date of Inspection: **12-23-2024**
Program Type/Facility Name: **14-009 Center for Discovery- Monterey**

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	Center for Discovery- Monterey This regulation was NOT MET as evidenced by: See OHR citations 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	Center for Discovery- Monterey 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. • Due to a preponderance of evidence, including failure to follow policy, the Provider has substantiated neglect A#20240020. • After reporting that another peer engaged in non-consensual sexual relations with them, Individual #1's mother reported that internal bruising was found during a medical exam. It was reported that due to a lack of supervision, Employee #1 was not able to prevent the assault. • The Provider failed to protect Individual #1 from harm.	PR) 01/24/2025 Employee #1 received a verbal consult and review of the rule that all bathroom doors remained locked at all times to ensure patient safety and appropriate supervision. All Staff received refresher training on the rule that all bathroom doors remained locked at all times at an all-staff meeting Motion sensors were installed after this incident occurred and are positioned so that staff on duty are alerted to any patient movement in patient bedrooms after lights out, aiding in the ability to quickly respond during sleeping hours. OHR/OLR) Accepted 02/06/2025	1/24/2025

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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.

Diana Atcha, Human Rights	(Signature of Organization Representative)	Date

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