DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-18-2025**
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.		
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: • Due to a preponderance of evidence, including staff admissions and failure to follow policy, the Provider substantiated neglect for CHRIS A#20240030. • It was reported that Employee #1 did not provide Individual #1 with weekly individual therapeutic sessions, resulting in Individual #1 not progressing in program. • The provider did not provide services in accordance to sound therapeutic practice.	PR) 03/07/2025 It was reported that Employee #1 did not provide Individual #1 with weekly individual therapeutic sessions, resulting in Individual #1 not progressing in program. **Employee in this case resigned (pursuant to this incident) and is no longer caring for patients in this program. Before leaving, employee was provided a Performance Improvement Plan with their supervisor, and**	3/11/2025

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			supervisor has communicated that a report has been submitted to the employee's licensure board. **Ongoing, therapists will receive refresher training by the Division Assistant Vice President of Clinical Services on 3/11/25 regarding documentation and session expectations related to the care of patients.** **All therapists have been assigned a digital clinical self-audit tool to be completed weekly and submitted to the Program Administrator to ensure compliance.** The provider did not provide services in accordance to sound therapeutic practice. **The provisions stated above will enable the Program Administrator to monitor compliance in the provision of**	

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			services to all patients going forward, and the Regional Director will perform a review of all audits submitted on a monthly basis to ensure sound therapeutic practices are being delivered to patients at the facility. OHR/OLR) Accepted 03/17/2025	

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