DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-24-2025**
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: "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 witness statements and staff admissions, the provider substantiated neglect for CHRIS A#20250014. • Employee #1 and Employee #2 were reported to have had their attention occupied by other	PR) 10/22/2025 1. Issue that led to non-compliance: Nurse #1 and Nurse #2 had their attention preoccupied with other individuals in need, when Patient#1 to elope from the facility. How we have corrected: Nurse #1 and Nurse#2 received direct training on line of sight. All staff trained in maintaining line of sight and communicating with coworkers should their attention need to be focused elsewhere. Installation of louder door chimes that can be	10/22/2025

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		individuals in need, allowing Individual #1 to elope from the facility. Employee #1 and Employee #2 were unable to locate Individual #1 from 4:40pm until 9:06pm. • Individual #1's right to be free of neglect was violated.	heard throughout the facility on the front door and backyard door. 2. Systematic Changes: Daily inspection of door chimes by staff Ongoing training of maintaining line of sight Back up chimes in storage 3. Staff that will monitor that will monitor implemented procedures: Program Administrator/ Milieu Manager: inspecting door chimes to ensure they have not been tampered with or need to be replaced & replacement inventory on hand. WEEKLY Training staff on maintaining line of sight and communication with coworkers to ensure line of sight is adhered to as a team. MONTHLY All Staff: Ensuring motion sensors are on and functioning. DAILY	

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			4. Dates that corrective actions have been completed: Nurse #1 and Nurse#2 received direct training on line of sight. 05/05/2025 All staff trained in maintaining line of sight and communicating with coworkers should their attention need to be focused elsewhere. Ongoing Installation of louder door chimes that can be heard throughout the facility on the front door and backyard door. 10/07/2025 OHR/OLR) Accepted 10/29/2025	

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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