***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



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

Date of Inspection: **01-13-2026**
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<br><br>This regulation was NOT MET as evidenced by:<br><br>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 | Center for Discovery- Monterey<br><br>This regulation was NOT MET as evidenced by:<br><br>"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.<br><br>• Due to a preponderance of evidence, including witness statements, staff admissions, and failure to follow policy, the Provider substantiated a Human Rights violation of 12VAC35-115-50(B)2 for A#20250015.<br>• It was reported while Individual #1 was in their room alone, they managed to escape through the window | PR) 02/02/2026<br><br>CAP 1. Issue that led to non-compliance: Employees #1, #2 and #3 neglected to ensure that the safety alarms in the home were working and were not aware that Individual #1 escaped through their window to sit on the roof. How we have corrected:<br><br>? Employees #1, #2, and #3 received training on how to keep line of sight during PM hygiene<br><br>? All staff trained in maintaining line of sight and communicating with coworkers should their attention be focused elsewhere.<br><br>? All staff counseled on checking for window alarms during shifts<br><br>? Management glued the alarms switch in place to ensure that the alarms could not be tampered | 5/16/2025 |

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| | | to sit on the roof of the home. Employees #1, #2 and #3 neglected to ensure that the safety alarms in the home were working and were not aware that Individual #1 escaped through their window to sit on the roof.<br>• The Provider failed to protect Individual #1 from neglect. | with.<br><br>2. Systematic Changes:<br><br>? Daily inspection of window alarms by staff<br><br>? Ongoing training of maintaining line of sight<br><br>? Back up alarms in storage<br><br>3. Staff that will monitor that will monitor implemented procedures:<br><br>? Program Administrator/ Milieu Manager:<br><br>? Inspecting window alarms to ensure they have not been tampered with or need to be replaced & replacement inventory on hand.<br><br>¦ WEEKLY<br><br>? Training staff on maintaining line of sight and communication with coworkers to ensure line of sight is adhered to as a team.<br><br>¦ MONTHLY<br><br>? All Staff:<br><br>? Ensuring window alarms are on, functioning, and have not been tampered with.<br><br>¦ DAILY<br><br>4. Dates that corrective actions have been completed:<br><br>? Employees #1, #2 and #3 received direct training on line of sight during PM hygiene<br><br>? 05/16/2025 | |

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| | | | ? All staff trained in maintaining line of sight and communicating with coworkers should their attention be focused elsewhere.<br><br>? Ongoing<br><br>? Glueing of the window alarms to prevent any tampering<br><br>? 05/12/2025<br><br>OHR/OLR) Accepted 02/05/2026 | |

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