DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **2240-14-010**
Organization Name: **Center for Discovery**

Date of Inspection: **05-24-2024**
Program Type/Facility Name: **14-010 Burke Lake Road**

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	Burke Lake Road 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	Burke Lake Road 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 eyewitness statements, staff admissions, and failure to follow policy, the provider has substantiated A#20240015 and A#20240016. Employee #1 failed to follow policy and did not de-escalate verbal altercation. As a result, Individuals #1 and #2 physically assaulted each other. -The provider failed to protect Individual #1 and Individual #2 from harm	PR) 06/28/2024 After this incident occurred, new management was assigned to oversee the facility, and the hire of a new Milieu Manager was hired shortly after that. All employees received refresher training on de-escalation techniques and expectations as part of the assimilation process with new leadership. OHR/OLR) Accepted 07/04/2024	6/28/2024

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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