DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **194**
License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-12-2023**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	The Hughes Center This regulation was NOT MET as evidenced by: Provider was unable to provide evidence that resident #1 was properly supervised as they did not have a fully completed and signed 15 minute check log for the resident on the day of the incident, 6/4/2023.	PR) 08/10/2023 The facility has made the following changes to ensure compliance with accurate documentation on q 15 minute rounding sheet: • The Director of Program Operations and Program Coordinators provided education and re-education to staff on the purpose, process, and importance of accurate and complete documentation on patient rounding sheets. • An auditing process has been developed to ensure compliance with documentation standards. Audits are completed by the Director of Program Operations or his/her designee weekly. Results of the audit are reported to the Quality Council on a monthly basis to monitor trends and identify any re-education or process changes. • Director of Operations provided retraining to MHT staff on the process of q15 minute reporting including accuracy in reporting, description of patient response, and location. OLR) Accepted 08/10/2023	9/18/2023

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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.

Breanna Goad, Licensing Specialist	(Signature of Organization Representative)	Date

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