DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **333**
License #: **630-14-001**
Organization Name: **Hughes Center for Exceptional Children**

Date of Inspection: **07-29-2026**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-660. H. - Entries in a resident's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced complaint investigation on 7/29/26, the department noted that the following individuals did not have documented individual therapy three times per week as stated on their treatment plans: Individual #1 did not have evidence of individual therapy three times per week the week of 6/1/26 and 6/15/26. Records only reflected individual therapy those weeks on 6/1/26, 6/3/26, 6/15/26, and 6/17/26. Individual #1 record did not contain evidence of individual therapy being provided after 6/15/2026. Individual #3 record did not contain evidence of individual therapy provided after 7/16/2026. Individual #4 record did not contain evidence of individual therapy three times per week the week of 6/8/26 and 6/29/26. Record only reflected individual therapy those weeks on 6/10/26, 6/12/26, 6/29/26, and 7/1/26.	PR) 08/25/2026 Processes in place and training: All therapy notes are turned into DCS daily. On 8/07/26- all therapists received training regarding turning in notes on date of services and if any delay they are to complete a note and place dictated note in chart A chart audit will be completed on all charts monthly by DCS in supervision with each therapist. A monthly audit will be completed utilizing form attached by DCS All charts were checked and notes were in the charts that accompany medical records. Charts are thinned due to the volume. All notes for 2026 were completed OLR) Accepted 08/25/2026	8/7/2026

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12VAC35-46-840. I. - Each resident's health record shall include or document the facility's efforts to obtain treatment summaries of ongoing psychiatric or other mental health treatment and reports.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced complaint investigation on 7/29/26, the department noted that the following individuals did not have documented medical/psychiatric care once per week as stated on their treatment plans: Individual #1 record did not have evidence of medical/psychiatric care the week of 6/1/26 and no evidence of medical/psychiatric care after 7/14/26. Individual #2 record only had documentation of medical/psychiatric care in June on 6/8/26 and 6/15/26.	PR) 08/25/2026 Facility will create protected time for providers every Wednesday and Friday to ensure weekly psychiatric encounters are properly documented in the patient chart. (9/11/2026) Medical Director will review and sign all progress notes within the calendar week during which the encounter occurred. (9/11/2026) To address pre-existing deficiencies, all providers will self-audit charts to ensure weekly psychiatric encounters have been documented. (9/30/2026) The Medical Director and Health Information Manager will review all charts for fidelity monthly through 2026. If 100% compliance is achieved, chart review will decrease to quarterly. (12/31/2026) OLR) Accepted 08/25/2026	9/11/2026

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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