DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **11-04-2021**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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	The Hughes Center This regulation was NOT MET as evidenced by: See OHR citation below.	PR) 12/09/2021 PR: The facility mad the following systemic changes to internal processes to ensure compliance with the regulation: • Director of Program Operations, Director of Risk Management/Performance Improvement, and Handle with Care Trainers provided training on policies/procedures, supervision, boundaries, human rights, and resident care to all Mental Health Techs. Completion of training is monitored and tracked by Human Resources Department and reviewed monthly in Compliance Meeting. • Internal investigation completed by Director of Risk Management/Performance Improvement, Director of Program Operations, Chief Operating Officer, and Human Resources Department. Corrective action up to and including termination was administered to employees who did not meet the standards of care set by facility policy and procedure. • Review of all significant behavioral events or escalations are reviewed by the leadership team daily with assigned appropriate follow up by clinical team. Trends are tracked and presented to Quality Council monthly for to address performance improvement needs. OLR) Accepted 12/13/2021	12/6/2021
12VAC35-115-50. B. (2) - In receiving all services, each	N	The Hughes Center This regulation was NOT MET as evidenced by:	PR) 12/09/2021 PR: The facility made the following systemic changes to internal processes to ensure	12/6/2021

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individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.		"Abuse" means any act or failure to act by an employee or other person responsible for the care of an individual in a facility or program operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, that was performed or was failed to be performed knowingly, recklessly, or intentionally, and that caused or might have caused physical or psychological harm, injury, or death to a person receiving care or treatment for mental illness, intellectual disability, or substance abuse. Examples of abuse include acts such as: 3. Use of language that demeans, threatens, intimidates, or humiliates the person; The provider investigation determined on 10/18/2021 through staff admissions that verbal abuse did occur due to the preponderance of evidence from the investigation.	compliance with the regulation: • Director of Program Operations, Director of Risk Management/Performance Improvement, and Handle with Care Trainers provided training on policies/procedures, supervision, boundaries, human rights, and resident care to all Mental Health Techs. Completion of training is monitored and tracked by Human Resources Department and reviewed monthly in Compliance Committee Meeting. • Internal investigation completed by Director of Risk Management/Performance Improvement, Director of Program Operations, Chief Operating Officer and Human Resources Department. Corrective action up to and including termination was administered to employees who did not meet the standards of care set by facility policy and procedures. • Review of all significant patient behavioral events or escalations are reviewed by leadership team daily with assigned appropriate follow up clinical services team. Incidents are tracked and presented in monthly Quality Council to identify performance improvement tasks. OHR/OLR) Accepted 12/10/2021 OHR Response: OHR accepts cap, but needs verification of training once all training has been conducted.	

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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.

Tonya Carr, Legal Operations Manager	(Signature of Organization Representative)	Date

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