DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **10-26-2022**
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 citations 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	The Hughes Center This regulation was NOT MET as evidenced by: "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: 2. Assault or battery; Per the provider's investigative findings conducted through staff admissions and video camera footage review, it was substantiated that Employee #1 struck Individual #1, thus	PR) 12/05/2022 • Human Resources Manager and Director of Risk Management conducted investigation of staff non-compliance with policy and performance standards. Incidents of staff policy violations or deviation from standards of care resulted in disciplinary action up to and including termination. • Chief Executive Officer enhanced Administrator on call and Program Coordinator presence on off hours and weekends to increase visibility, ensure program fidelity, and supervision of patients. • During rounding Administrator obtains report form Shift Leads and Charge Nurse to identify and problem solve patient and facility issues. Rounding is monitored through rounding tool reviewed by Chief	12/30/2022

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		substantiating the allegation of abuse.	Operating Officer and reported monthly to Quality Council. • Leadership meetings to include key leaders conducted twice daily. Shift Lead and Charge Nurse provide report on patient care issues, program compliance, and critical incident review for immediate problem solving and resolution. • Chief Executive Officer, Director of Risk Management and Director of Nursing conduct video review rounds weekly to ensure patient supervision, milieu management, and program adherence. Results are reported to Corporate Risk Management and Quality Council by Director of Risk Management. • Key leaders conduct in-person rounds weekly using the structured audit report. Data is collected and reviewed by Quality Council monthly by Chief Operating Officer. Audit report focuses on program fidelity including patient observation, staff supervision, and milieu management. • Program Coordinators provided education to MHTs on the role of MHT and the supervision of patient care activities including program adherence, BSP implementation, and medical needs of the patients. • Program Coordinators provided retraining to MHT staff on therapeutic interventions, managing a crisis, mandating reporting, and therapeutic schedules. • Milieu Management corporate trainer provided training to MHT staff and Program Coordinators on effective patient management and interventions. • Key leaders participated in Human Rights training provided by the Department of	

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			Behavioral Health and Developmental Services. OHR/OLR) Accepted 12/05/2022	

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.

Mandy Crowder, Human Rights	(Signature of Organization Representative)	Date

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