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
-			PR) 08/10/2023 No citation or information noted in this box. OLR) Accepted 08/31/2023	8/10/2023
12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	NS	The Hughes Center This regulation was NOT MET as evidenced by: In review of Personnel Records for Employee #1 and Employee #2 on 7-12-2023 it was discovered that the record did not include documentation of annual performance evaluations. Provider failed to maintain this information in the records.	PR) 08/10/2023 The facility has made the following process changes to ensure compliance with completion of performance evaluations: • The Human Resources Manager completed an audit of HR files to ensure completion of performance evaluations. • Training was provided to all supervising managers and directors on the performance evaluation process. • A comprehensive monitoring grid has been developed to ensure compliance with annual evaluations. • A standardized process was developed to ensure annual performance evaluations are completed by supervisory staff during the same period of time and audited by the HR Manager for compliance. OLR) Accepted 08/10/2023	10/20/2023
12VAC35-46-310. A.	N	The Hughes Center	PR) 08/10/2023	11/30/2023

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
(8) - Required initial training: 8. Before administering medication, all staff responsible for medication administration shall have successfully completed a medication training program approved by the Board of Nursing or be licensed by the Commonwealth of Virginia to administer medications.		This regulation was NOT MET as evidenced by: Provider utilizes untrained staff to administer EpiPens when needed. Staff administering this medication have not completed medication administration training program.	The facility made the following changes to ensure training of all direct care and nursing staff in the administration of EpiPens when needed: • Annual training on the use of EpiPens has been included in the annual training packet for employees. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Director of Nursing reviewed the current EpiPen training to ensure compliance with all standards and that the training meets the learning needs of the staff. • EpiPen training has been included in the orientation process that is taught by the DON or his/her designee and is a Registered Nurse. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Partially Accepted 08/11/2023 Please explain training given to staff to meet criteria of administering medication such as EpiPen and certification of medication	

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
			administration training for staff who provide this medication. PR) 08/22/2023 • DON created process of Epi Pen administration training that includes didactic education, demonstration, and competency testing. • In the event of an emergency in which an Epi Pen is required the staff member immediately notifies the nurse on duty for administration of the medication. Nurse administers the medication. • Signs and symptoms of anaphylaxis and use of Epipen intervention is provided to all staff. Didactic and demonstration training is completed annually and at the time of orientation with a return demonstration required. Staff are trained on the identification of anaphylaxis or other emergencies in which the nurse would be immediately notified for intervention. • RN and CPR trainers conduct training for competency evaluation of skills and situational assessment. • Direct care staff only provide	

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
			Epipen administration in imminent risk to the patient that is led by the nurse or Emergency Response personnel (911). • Nursing staff are present and on campus 24 hours per day, 7 days per week to administer any and all medications including the use of EpiPens when patients are on campus. • In the event an anaphylaxis reaction is occurring off campus during an outing the staff notifies EMS (911) immediately and follows the instruction of the emergency medical professional. EpiPens are maintained in all transport vehicle for such emergencies. OLR) Partially Accepted 08/30/2023 Please resubmit with updated plan for PRN medication administration. PR) 08/31/2023 The facility made the following process changes to ensure training of appropriate staff to administer emergency medications including EpiPens: • Secured Virginia DBHDS approved medication administration training	

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
			curriculum. • Provided approved curriculum to Program Coordinators, Shift Leads, and designated transportation staff. Nursing staff already meet the requirements for any medication administration needs. • Reviewed, revised policies related to medication administration in the event of emergencies including the use of EpiPens. Changes reflect the medication administration only by those who meet specific DBHDS requirements and are trained with the approved medication administration curriculum. • Orientation and annual training documents reviewed and revised to reflect medication administration requirements and training. • Training provided to all staff to ensure understanding and compliance of the regulation related to the use of EpiPens. • Reviewed and revised Outing policies to ensure appropriately trained staff in medication administration are present in the event of an emergency. • Initial and annual training will be monitored by Human Resources and Director of Nursing to ensure compliance. • Policy revisions are reviewed and approved through the Quality Council Committee. OLR) Accepted 08/31/2023	

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
12VAC35-46-310. B. (1a) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1a. Alerting emergency personnel and sounding alarms;	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on emergency preparedness and response has been included in the annual training packet for all employees. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Director of Plant Operations reviewed the current emergency preparedness and response training to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-310. B. (1b) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1b. Implementing evacuation procedures, including evacuation of residents with special needs (i.e., deaf, blind, nonambulatory);	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on emergency preparedness and response including evacuation procedures has been included in the annual training packet for all employees. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Director of Plant Operations reviewed the current emergency preparedness and evacuation and response evacuation procedure training to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-310. B. (1c) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1c. Using, maintaining, and operating emergency equipment;	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on using maintaining and operating emergency equipment has been included in the annual training packet for all employees. Education and competency assessment is provided by American Red Cross certified trainers. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Director of Nursing reviewed the current training on using, maintaining, and operating emergency equipment to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-310. B. (1d) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1d. Accessing emergency information for residents including medical information;	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on accessing required information for residents in the event of an emergency has been included in the annual training packet for all employees. • An audit of completion of all training packets which include accessing required information for residents in the event of an emergency is audited by the Human Resource Manager and HR staff. • The Director of Nursing and Director of Program Operations reviewed the current training on accessing required information for residents in the event of an emergency to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-310. B. (1e) - Required annual retraining: 1. All employees, contractors, students/interns, and volunteers shall complete an annual refresher emergency preparedness and response training that shall include: 1e. Utilizing community support services.	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on using community support services has been included in the annual training packet for all employees. • An audit of completion of all training packets which include using community support services training is audited by the Human Resource Manager and HR staff. • The Director of Clinical Services reviewed the current training on using community support services to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-310. B. (2) - Required annual retraining: 2. All staff who administer medication shall complete annual refresher medication training.	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all nursing staff (RN/LPN) is completed no less than annually: • Annual training on medication administration has been included in the annual training packet as a supplemental training for all nurses. • An audit of completion of all training packets which include medication administration training is audited by the Director of Nursing, Human Resource Manager and HR staff. • The Director of Nursing reviewed the current training medication management to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	9/29/2023
12VAC35-46-310. B. (4) - Required annual retraining: 4. All staff working with residents	N	The Hughes Center This regulation was NOT MET as evidenced by:	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed	9/29/2023

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
shall receive annual retraining in child abuse and neglect, mandatory reporting, maintaining appropriate professional relationships, and interaction among staff and residents, and suicide prevention.		In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	no less than annually: • Annual training abuse, neglect, mandatory reporting and maintaining appropriate professional relationships has been included in the annual training packet for all employees. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Director of Clinical Services and Director of Program Operations reviewed the current training on abuse, neglect, mandatory reporting, maintaining professional relationships, and suicide prevention to ensure compliance with all standards and that the training meets the needs of the staff. • Completion and competency are measured by a post-test with staff signature and acknowledgement. OLR) Accepted 08/10/2023	

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
12VAC35-46-310. B. (5) - Required annual retraining: 5. All staff shall receive annual retraining on the provider's policies and procedures regarding standard precautions.	N	The Hughes Center This regulation was NOT MET as evidenced by: In review of the Personnel Record for Employee #2 on 7-12-2023, it was discovered that the annual training documentation was not completed. Provider failed to include documentation in the record of the annual trainings that Employee #2 participated in.	PR) 08/10/2023 The facility made the following changes to ensure training of all staff is completed no less than annually: • Annual training on facility policies and procedures and precautions has been included in the annual training packet for all employees. • An audit of completion of all training packets is audited by the Human Resource Manager and HR staff. • The Human Resource Manager and Director of Risk Management reviewed the current training facility policies and procedures to ensure compliance with all standards and that the training meets the needs of the staff. • Completion is measured by an attestation and acknowledgement form. OLR) Accepted 08/10/2023	9/29/2023

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
12VAC35-46-440. B. - All areas within buildings shall be lighted for safety and the lighting shall be sufficient for the activities being performed.	N	The Hughes Center This regulation was NOT MET as evidenced by: Lighting in timeout room in Wheatley Cottage was not operational.	PR) 08/10/2023 The facility made the following changes to ensure the environment of care meets all standards: • Director of Plant Operations completed work order to ensure the lighting in the timeout room in Wheatley Cottage was operational. • An Environment of Care Rounding form has been established to ensure compliance with EOC standards. • Program Coordinators round weekly with the EOC rounding tool to ensure compliance. Any deficiencies are reported to the Director of Plant Operations for resolution. • An audit of work orders is presented in the Safety Committee monthly to identify trends and EOC needs. OLR) Accepted 08/10/2023	8/31/2023

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
12VAC35-46-480. F. - Each child shall have a separate, clean, comfortable bed equipped with a clean mattress, clean pillow, clean blankets, clean bed linens, and, if needed, a clean waterproof mattress cover.	N	The Hughes Center This regulation was NOT MET as evidenced by: During unannounced inspection on 7/12/2023, multiple rooms inspected in Wheatley and Pollard Cottages did not have mattresses on frames; mattresses were on the floors. During unannounced inspection on 7/12/2023, multiple rooms inspected in Wheatley and Pollard Cottages did not have sheets or linens on the mattresses.	PR) 08/10/2023 The facility made the following changes to ensure the environment of care meets all standards: • An Environment of Care Rounding form has been established to ensure compliance with EOC standards including appropriate mattresses and linen. • Included on the EOC rounding sheet is the placement of mattresses and presence of linen. • In the event a patient requests to move mattress to the floor or not have bed linen education on the safety risk will be discussed and documented in the patient's record. • Program Coordinators will document efforts to ensure patients maintain mattresses in the bedframes and appropriate linen on beds. Patient responses to any deviation will be noted on the patient plan. • Program Coordinators will round weekly with the EOC rounding tool to ensure compliance with all required equipment including beds, linen, pillows, and mattresses. OLR) Accepted 08/10/2023	9/22/2023

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
12VAC35-46-480. J. - Each resident shall be assigned drawer space and closet space, or their equivalent, that is accessible to the sleeping area for storage of clothing and personal belongings except in secure custody facilities.	N	The Hughes Center This regulation was NOT MET as evidenced by: During unannounced inspection on 7/12/2023, multiple bedrooms inspected in Wheatley, Sterling, and Pollard Cottages did not have storage shelves or cubby units for residents to store clothing.	PR) 08/10/2023 The facility made the following changes to ensure the environment of care meets all standards: • Director of Plant Operations ordered patient storage containers and will complete work order to ensure all patients have access to a cubby or other storage device. Patients have been provided plastic totes for storage while permanent units are on order. • An Environment of Care Rounding form has been established to ensure compliance with EOC standards. • Program Coordinators round weekly with the EOC rounding tool to ensure compliance. Any deficiencies are reported to the Director of Plant Operations for resolution. • An audit of work orders is presented in the Safety Committee monthly to identify trends and EOC needs. OLR) Accepted 08/10/2023	9/29/2023
12VAC35-46-590. B. -	N	The Hughes Center	PR) 08/10/2023	9/29/2023

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
The interior and exterior of all buildings shall be safe, properly maintained, clean, and in good working order. This includes, but is not limited to, required locks, mechanical devices, indoor and outdoor equipment, and furnishings.		This regulation was NOT MET as evidenced by: During unannounced inspection on 7/12/2023, Wheatley, Sterling, and Pollard Cottages were observed to have clutter and trash in the common areas and on the stairwells in the interior of the cottages.	The facility made the following changes to ensure the environment of care meets all standards: • Director of Plant Operations completed work order to ensure the lighting in the timeout room in Wheatley Cottage was operational. • An Environment of Care Rounding form has been established to ensure compliance with EOC standards. • Program Coordinators round weekly with the EOC rounding tool to ensure compliance. Any deficiencies are reported to the Director of Plant Operations for resolution. • An audit of work orders is presented in the Safety Committee monthly to identify trends and EOC needs. OLR) Partially Accepted 08/10/2023 Provider response does not include steps to address concerns of clutter and debris observed in cottages and prevent occurrence of this citation going forward. • Program Coordinators provided additional education to staff members on the importance of maintaining an environment free of	

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
			clutter and debris in the cottages. Training included rounding requirements and actions to be taken to eliminate excessive debris/clutter in the cottages. • Each morning the assigned MHT is required to round throughout the cottage to ensure patient bedrooms and common areas are free of clutter and debris. Patients are coached to ensure clothing is off of the floor, beds are made, and any additional clutter or personal belongings are stored appropriately to ensure a clutter free environment. • Housekeeping provides daily cleaning services on a set scheduled while patients are off the unit to ensure floors, restrooms, showers, stairwells, and overall units are cleaned appropriately and free of any trash, odors, and additional debris. • Director of Plant Operations provided expectations and training to ensure compliance with cleanliness standards. • Daily rounding is conducted by the Director of Plant Operations to ensure compliance with standards.	

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
12VAC35-46-610. A. - All buildings shall be well ventilated and free of stale, musty, or foul odors.	N	The Hughes Center This regulation was NOT MET as evidenced by: During unannounced inspection on 7/12/2023, several bathrooms in Wheatley and Pollard Cottages smelled strongly of urine and had debris on the floors.	PR) 08/10/2023 The facility made the following changes to ensure the environment of care meets all standards: • Director of Plant Operations developed a housekeeping checklist that is required to completed daily by the assigned housekeeper of the cottage. • Director of Plant Operations audits the cleaning checklist on a weekly basis to identify trends and compliance with cleaning protocols. • An Environment of Care Rounding form has been established to ensure compliance with EOC standards. • An audit of the housekeeping check list is presented in the Safety Committee monthly to identify trends and EOC needs. OLR) Accepted 08/10/2023	8/31/2023

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
12VAC35-46-730. E. (1) - At the time of discharge the following information shall be added to the face sheet: 1. Date of discharge;	N	The Hughes Center This regulation was NOT MET as evidenced by: Resident #1 did not have discharge information completed on their face sheet.	PR) 08/10/2023 The facility made the following changes to ensure the complete and accurate discharge facesheet is documented in the medical record: • The Director of Admissions/Utilization Review provided education/retraining to all Admissions/Utilization Management staff on the process of updating discharge facesheets to include date of discharge, time of discharge and reason for discharge. • The Director of Admissions/Utilization Review audits all discharge facesheets to ensure compliance standards. • Audit results are reported in the monthly Compliance Meeting and presented in the monthly Quality Council to identify any process issues. OLR) Accepted 08/10/2023	8/31/2023

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
12VAC35-46-730. E. (2) - At the time of discharge the following information shall be added to the face sheet: 2. Reason for discharge;	N	The Hughes Center This regulation was NOT MET as evidenced by: Resident #1 did not have discharge information completed on their face sheet.	PR) 08/10/2023 The facility made the following changes to ensure the complete and accurate discharge facesheet is documented in the medical record: • The Director of Admissions/Utilization Review provided education/retraining to all Admissions/Utilization Management staff on the process of updating discharge facesheets to include date of discharge, time of discharge and reason for discharge. • The Director of Admissions/Utilization Review audits all discharge facesheets to ensure compliance standards. • Audit results are reported in the monthly Compliance Meeting and presented in the monthly Quality Council to identify any process issues. OLR) Accepted 08/10/2023	8/31/2023

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
12VAC35-46-730. E. (3) - At the time of discharge the following information shall be added to the face sheet: 3. Names and addresses of persons to whom the resident was discharged;	N	The Hughes Center This regulation was NOT MET as evidenced by: Resident #1 did not have discharge information completed on their face sheet.	PR) 08/10/2023 The facility made the following changes to ensure the complete and accurate discharge facesheet is documented in the medical record: • The Director of Admissions/Utilization Review provided education/retraining to all Admissions/Utilization Management staff on the process of updating discharge facesheets to include names and addresses of persons to whom the patient was discharged, date of discharge, time of discharge and reason for discharge. • The Director of Admissions/Utilization Review audits all discharge facesheets to ensure compliance standards. • Audit results are reported in the monthly Compliance Meeting and presented in the monthly Quality Council to identify any process issues. OLR) Accepted 08/10/2023	8/31/2023

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
12VAC35-46-730. E. (4) - At the time of discharge the following information shall be added to the face sheet: 4. Forwarding address of the resident, if known.	N	The Hughes Center This regulation was NOT MET as evidenced by: Resident #1 did not have discharge information completed on their face sheet.	PR) 08/10/2023 The facility made the following changes to ensure the complete and accurate discharge facesheet is documented in the medical record: • The Director of Admissions/Utilization Review provided education/retraining to all Admissions/Utilization Management staff on the process of updating discharge facesheets to include the forwarding address of the patient, date of discharge, time of discharge and reason for discharge. • The Director of Admissions/Utilization Review audits all discharge facesheets to ensure compliance standards. • Audit results are reported in the monthly Compliance Meeting and presented in the monthly Quality Council to identify any process issues. OLR) Accepted 08/10/2023	8/31/2023

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

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