DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **01-23-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	The Hughes Center This regulation was NOT MET as evidenced by: See OHR citations below.		

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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: "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. See § 37.2-100 of the Code of Virginia. Per the provider's investigation findings due to eyewitness statements and witness credibility, it is substantiated that the provider should have taken Individual #1 to an appropriate facility after a mobile X-Ray company failed to show-up, as a result the individual's mother took the Individual for an X-Ray at Spectrum Orthopedics, where the individual was diagnosed with a fractured left wrist.	PR) 03/13/2024 • Facility reviewed and revised policy #218 Radiology Services to reflect improved practices to prevent any delay in care with contracted providers. • Policy change included specific timelines and specificity to initiate community based services in the event of a STAT order or contracted provider does not complete the ordered radiological service within timeframes. • Director of Nursing provided education to all nursing staff to ensure understanding of process and policy changes. • Attestation of training was completed by nursing staff related to process and policy changes. • Director of Nursing monitors compliance of all medical procedures and reports compliance to Quality Council monthly. OHR/OLR) Accepted 03/20/2024 Please send attestation of training completed by nursing staff. -OHR Advocate Region 3, Chelsea Robinette	10/30/2023 00:00:00

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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.

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

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