DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-11-2024**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - 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 citaions 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: "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 video camera footage review and witness statements, abuse was substantiated for Employee #1 as Employee #1 placed Individual #1 in a headlock and proceeded to throw him. Furthermore, such techniques are not appropriate and/or taught.	PR) 08/02/2024 The facility has taken the following actions to mitigate incident of abuse to patients. • Internal investigation was conducted immediately following the event. Employee was placed on administrative suspension pending the outcome of the investigation. Staff member was terminated following the internal and external investigation. • Allegation of abuse was immediately reported to local law enforcement and DBHDS per reporting requirements. • The Leadership Team met and reviewed Policy #115 Reporting and Investigating Resident Abuse, Neglect, and Exploitation and confirmed that the policy is in line with facility expectations and regulatory standards. OHR/OLR) Accepted 08/07/2024	8/2/2024

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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