DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-22-2025**
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 citaitons 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;	PR) 05/14/2025 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. • Allegation of abuse was immediately reported to local law enforcement and DBHDS per reporting requirements. • Staff member received a	5/13/2025

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		Per the provider's investigation conducted through witness statements and video camera review Employee #1 was seen pushing Individual #1 with force to where Individual #1 fell, causing Individual #1's shoulder to separate.	Performance Improvement Plan following the internal and external investigations. • Staff received a corrective action and allowed to return to work but was removed from being a Handle With Care trainer. • All staff training: • Handle With Care training scheduled and completed. • Handle with Care refresher course o review the proper use of restraint • Town Hall: To address issues that have occurred as well as some standard communication that needs to be given to all staff ◦ Attendance will be maintained and documented in the human resources personnel file by the Human Resources Manager. OHR/OLR) Accepted 05/14/2025Please send proof of staff training.	

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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