DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-01-2025**
Program Type/Facility Name: **14-001 The Hughes Center**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (1) - The records of each employee shall include: 1. A completed employment application form providing the individual's name, address, telephone number, and social security number or other unique identifier;	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/1/25, Employee #1 personnel record did not contain evidence of an employment application or resume.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Human Resources developed and implemented onboarding documentation checklist to include completed identifiers such as employment application or resume, name, address, telephone number, and social security number or other unique identifier to ensure compliance. • Director of Human Resources will verify new employee identifiers as part of the onboarding process. • Sustainability will be achieved via monthly audits of completed employment personnel onboarding a documentation checklist of new hires each month. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-300. B. (2) - The records of each employee shall include: 2. Educational background and employment history, including dates of employment for each position held and separation;	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/1/25, Employee #1 personnel record did not contain evidence of educational verification that matched the requirements on the job description.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Human Resources developed and implemented onboarding documentation checklist to include completed Educational background and employment history, including dates of employment for each position held to ensure compliance. • Director of Human Resources will verify new employee educational and employment history as part of the onboarding process. • Sustainability will be achieved via monthly audits to ensure that evidence of educational verification that matches the requirements of the job description are completed. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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12VAC35-46-300. B. (3) - The records of each employee shall include: 3. Professional references;	NS	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/1/25, Employee #1 personnel record did not contain evidence of personal reference check results. This regulation is being cited as non-compliant systemic as provider was cited during the 2024 and 2025 inspections.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Human Resources developed and implemented onboarding documentation checklist to include completed employment references. Checklist will be used in quarterly audits of record to ensure compliance. • The Director of Human Resources will verify new employee reference checks as part of the onboarding process. • To ensure sustainability, a Checklist will be used for quarterly audits of record to ensure compliance in obtaining references. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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12VAC35-46-300. B. (5) - The records of each employee shall include: 5. Annual performance evaluations;	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/1/25, Employee #1 personnel record did not contain evidence of annual performance evaluations. Last documented evaluation was completed on 11/13/2023.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Human Resources has developed and implemented an annual checklist audit of records for annual performance evaluations to ensure compliance. • The Director of Human Resources will verify employee annual performance evaluations as part of the annual retraining process. • To ensure sustainability, a Checklist will be used for annual audits of record to ensure compliance for the completion of annual performance evaluations. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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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: During an unannounced inspection on 7/1/25, Employee #1 personnel record did not contain evidence of medication administration training for EpiPen administration.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Human Resources and the Director of Nursing has developed and implemented annual documentation checklist to audit records for completed annual refresher medication training to ensure compliance. • Director of Human Resources and the Director of Nursing will verify employee annual medication retraining as part of the annual retraining process. • To ensure sustainability, a Checklist will be used for annual audits of record to ensure compliance for the completion of annual EpiPen administration training. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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12VAC35-46-420. E. - The buildings and physical environment shall provide adequate space and shall be of a design that is suitable to house the programs and services provided and meet specialized needs of the residents.	N	The Hughes Center This regulation was NOT MET as evidenced by: During an unannounced inspection on 7/1/25, Educational Room 101 was missing multiple ceiling tiles from the drop ceiling which left exposed rails and electrical wiring; roughly 10 tiles were missing.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • The Director of Plant Operations developed and implemented daily rounding with the acuity level of missing ceiling tiles will be elevated to allow for a timelier replacement of damaged or missing tiles. • All staff will understand the importance of a safe work environment, to include damaged or missing ceiling tiles, as well as the process of completing work orders. • Director of Plant Operations will verify tile replacement within 24 hours of reported as damaged/missing or observed during daily rounding. • To ensure sustainability, compliance with maintenance of physical plant such as ceiling tile replacement, the acuity level of missing/damaged ceiling tiles will be elevated on the daily environmental checklist. Data will be gathered into a monthly report and presented in Quality Control meetings. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	8/15/2025

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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 an unannounced inspection on 7/1/25, several beds in all four wings of the facility were missing sheets on the beds.	PR) 07/31/2025 The Hughes Center made the following changes to the facility's internal processes to ensure compliance to the regulation: • Director of Program Operations receives Environment of Care rounds twice daily for each shift the Program Coordinators are on duty. • Director of Program Operations will verify compliance with Environment of Care expectations by conducting Director EOC Rounds Daily. • To ensure sustainability, compliance with bedding such as sheets and pillow cases has been added to the daily environmental checklist. Data will be gathered into a monthly report and presented in Infection Control quarterly meetings. Data less than 100% compliance will be met with analysis and actions for improvement. OLR) Accepted 08/01/2025	7/31/2025

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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.

Breanna Goad, Licensing Specialist	(Signature of Organization Representative)	Date

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