DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **09-23-2025**
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 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 investigative findings conducted through video camera review and staff admissions, neglect was substantiated as Individual #1 and Individual #2 did not have proper supervision, which, allowed Individual #1 and Individual #2 to engage in sexual activity in the group room.	PR) 12/22/2025 The facility made the following changes to internal processes to ensure compliance to the regulation: • Immediately following the event: ◦ Internal investigation was conducted. • All staff training: ◦ Precaution retraining (emphasizing Sexually Acting Out precaution) • Physical plant changes ◦ Changes were made to the physical plant to reduce opportunities for patients to engage in sexually acting out activities. • Shift huddle process reviewed, revised and all staff trained on the following: ◦ Staff are not to leave their residents without completing a hand-off round ◦ Employees working double shifts are not to attend the shift huddle as they are already in place OHR/OLR) Accepted 12/30/2025Please send proof of precaution retraining.	10/1/2025

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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.

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

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