

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

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Investigation ID: 278

License #: 1376-14-001

Organization Name: Jackson-Feild Homes

Date of Inspection: 01-08-2026

Program Type/Facility Name: 14-001 Jackson Feild Homes

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	Jackson Feild Homes This regulation was NOT MET as evidenced by: Upon review of Individual #1's documentation and interviews, the provider failed to have evidence of a structured program of care designed to provide protection and supervision. According to CHRIS #20250052, there was an incident involving Individual #1. Review of documentation of the incident revealed that Individual #1 was placed on "special precautions" weeks prior due to another incident. Based on the provider's policy (Policy III-14.4 Special Precautions/Observation Status), it states that "Staff Alert-The resident must be checked visually by a designated staff member and charged on a in a varied and staggered fashion with no more than fifteen (15) minutes between two checks", "Eye-View: Resident will remain within eye-view (line of sight) of a designated staff at all times and must be monitored by designated staff continuously with documentation every 10 minutes", and "Physician Ordered Supervision-POS-Arm's Length: The resident ordered POS precaution will remain within arms-length and in the line of view of the designated staff at all awake times. When the resident is asleep, the designated staff can sit in a chair just inside the resident's room by the exit door". Review of Individual #1's "Special Precautions Monitoring Form" revealed that Individual #1 was on "Staff Alert" from 12/01/25-12/02/25. Individual #1 was on "One to One" Special Precaution from 12/05/25 until the date of the incident (12/14/25) and then on "POS" Special Precaution on 12/22/25 to 01/01/2026. According to interviews with Employee #1, Employee #2, and Employee #3, no staff were in Individual #1's room with Individual #1 at the time of the incident. According to	PR) 03/17/2026 Resident was found on the floor of her bedroom with a sheet around her neck. Emergency services was contacted for evaluation and Resident was transported to local ER for medical intervention and psychiatric assessment. After being medically cleared by ER physician, Resident was assessed by Greater Reach personnel for psychiatric consult. Resident was found to meet criteria for acute placement and was discharged to Kempsville Center for Behavioral Health. During the course of the internal investigation, it was revealed that Residential Counselor (RC) did not follow protocol of Supervision of Residents policy. Through staff admissions, and video recorded during the time of the incident, it was discovered that the Residential Services Supervisor (RSS) relinquished Physician Ordered Supervision (POS) to the RC who did not follow the protocol for POS special precaution. CORRECTIVE ACTION: RC received a written disciplinary warning (see attached) and was suspended for three (3) days. RC will also complete remediation training in Supervision of Residents, Suicide Prevention and CPS by 3/18/26. OLR) Accepted 03/18/2026	3/18/2026

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		the provider's policy, staff are to be within "arms-length" during awake hours and sitting on a chair inside the individual's room while they are sleep.		

General Comments / Recommendations:

Please make sure to include the following in your Corrective Action Plan response:

1. Please identify the root cause(s) of the violation;
2. Develop a systemic plan of action, if applicable, to address the citation, which may require updating policies, procedures, and forms, or conducting any needed training or retraining for staff or other steps that could alleviate the problem and minimize the possibility that the violation will occur again;
3. Indicate the frequency for monitoring the plan, including how it will be monitored (Ex. monthly audits, weekly chart reviews, quarterly checklist).
4. Identify the staff position(s) responsible for monitoring implementation of the approved CAP.
5. Include a date of completion for each corrective action.

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.

Jennifer Thomasson, Regional Manager

(Signature of Organization Representative)

Date

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